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ABSTRACT

Intended for teachers and administrators in special education, the curriculum guide offers information on planning a health education program for trainable mentally handicapped children in intermediate grades. Sections preceding the actual guide include information on specific goals of and elements necessary for a successful health education program, the philosophy and implementation of a school health program, and a curriculum overview. Units are presented in outline form for the following topics: nutrition; sensory perception; dental health; health status and disease prevention and control; durgs, alcohol, and tobacco; mental health; family life; consumer, environmental, and public health; and safety and first aid. Each topical unit consists of five basic parts--overview and objectives (a brief orientation to the philosophy regarding the unit), concepts (necessary background material for behavioral change), content outline, learning and evaluative activities, and resources (including books, films, pamphlets, and games). (SB)

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HEALTH EDUCATION FOR SPECIAL CHILDREN

Curriculum Development Committee

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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BOARD OF COOPERATIVE EDUCATIONAL SERVICES

McEVOY EDUCATIONAL CENTER
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CORTLAND, NEW YORK 13045

Dear Special Educators,

A comprehensive health curriculum is a must in the education of exceptional children. Excepting the three "R's", health is probably the most functional of the skills we can attempt to teach special children. Through coordinated efforts, from the primary level to the high school level, proper habits and attitudes can be developed.

When this curriculum guide is implemented, with the vigor characteristic of the Special Educators in our county, there is no doubt that this guide will help provide improved health education in our county and serve as a source of continuous and sequential health education planning. The teachers, however, who employ the guide in their everyday instruction will give the curriculum its ultimate test.

We appreciate the cooperation and coordination that has taken place to make the health curriculum a vital part of the Special Education program in Cortland County. The format in which the curriculum is presented is most useful and provides many ideas to teach content.

It is only through evaluation by those in the field that enables any curriculum to be fully and successfully implemented. Please feel free to contact us if you have any concerns, questions, or suggestions for improvement of the "Health Education for Special Children." This curriculum is a good beginning, but only a beginning to be refined as dictated by the experience of the teachers who utilize it.

Sincerely yours,

George E. Freebern

George E. Freebern, Director
Special Education

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Forward

Health Education For Special Children is the culmination of workshops funded by the Division of Drug and Health Education and Services, State Education Department, and sponsored by the Cortland-Madison BOCES. It reflects the concerted efforts of many persons. The knowledge and expertise of the individual curriculum developers/writers are most worthy of recognition.

This health curriculum guide for special education students is an outgrowth of the health education guides which were developed during the summer of 1974 for use in regular public school classes within this BOCES district.

The eventual mainstreaming of some handicapped children helped to govern much of the material included. Therefore, the activities in each unit were varied enough to provide for individual differences among pupils. The result has been that the content of the units written specifically for emotionally disturbed or learning disabled children, and educable mentally handicapped children was able to follow quite closely the content of the original guides. References should be made to the original guides, therefore, for additional related activities.

To the writing team's knowledge, this is the first comprehensive curriculum created with the special child in mind. It will provide the teacher with many ideas and resources. However, there is always room for modification and suggestions for improvement, any are welcomed.

Introduction

The specific goals of a health education program can be as many and varied as life itself. However, optimal health is dependent upon the interactions of knowledge, attitudes and behavior. The health education program should establish an approach to concepts, generalizations, understandings, facts, values and applications, basic skills, and decision-making processes which can serve as keys to good physical, mental, social, emotional, and spiritual well-being. All participants in the school health education program, including teachers and administrators as well as students, should be assisted in working towards:

1. Acquiring an understanding of his own physical, mental and social health.
2. Developing responsibility toward his own and community health.
3. Acquiring an understanding that the goals of good health result from individual practices and maintenance of those mental, physical, and social habits selected as desirable and good by society and the individual.
4. Acquiring an appreciation of the value of a healthful life.
5. Encouraging systematic development of individual human potential for health, growth and happiness.

These are certain elements necessary for success of a health education program that cannot be written into a curriculum guide. These essential elements come from within the individuals responsible for implementing and carrying out the program:

1. Commitment on the part of administrators and teaching staff to a belief in the value and potential of health education is most important.
2. In view of the definition of health in terms of its psychological, physiological, sociological aspects, there needs to be, more than in any other curriculum area, a willingness to work together and lend support in setting up and maintaining a good school health education program - one which is prevention-oriented and clearly above and beyond the minimal requirements for drug and health education as delineated in the Rules of the Board of Regents and the Regulations of the Commissioner of Education.
3. It is possible to improve the classroom experiences of health education students through sincere desire by all directly involved to utilize to the greatest advantage appropriate resources (including those of a human nature) and/or other quality teaching aids, materials and devices which are made available.
4. Support for the concept of student participation and involvement in their own learning is a most meaningful part of a sound health education program. Provision should be made for a diversity of learning approaches including extension of learning into multi-community settings.

A Statement on Philosophy of the School Health Program

Health is an integral aspect of every phase of life. Without health man cannot function effectively in his society. Health can, therefore, be considered not only biological, but psychological and sociological well-being as well.

The School Health Program, which includes all functions and services designed to promote the optimum health in each child, is a flexible blueprint aimed at assisting students in developing into independent, responsible adults. It would seem that no one, be it student or adult, can be independent and responsible unless he is equipped with the health necessary to be so; health that is, in part, imparted by knowledge and understanding of the forces which is for this reason that, with the guidance of State legislation and the local Board of Education, the School Health Program endeavors to supplement parental responsibility in this realm. The effective and flexiole program must originate with the needs and interests of the individual. From this basis, it should continue to meet the needs of the family, community, nation, and the world...

As a result of imparted knowledge, understandings, and good health habits and attitudes, we would hope to kindle, promote, and help each child achieve a state of physical, social, emotional, intellectual and spiritual well-being that would be conducive to such academic learning as the student was capable of acquiring. In short, we aim at helping the student to "become all he is capable of being." This is based on the assumption that health, not being an end in itself, is a means to an end ---- a happy, fruitful life.

Implementation of a School Health Program

Whatever the organizational plan, the only significant test of its worthwhileness is the effect which it brings to bear on the total educational program or the opportunity which it affords children to learn.

When the School Health Program is being established or adjusted, certain guidelines or basic principles, if adhered to, will help to insure its success. These are as follows.

1. Develop it gradually rather than superimposing it abruptly.
2. Though idealistic in its announced goals, it is realistic in its current performance.
3. It fosters continuous communication between all school staff members.
4. Special facilities are at its disposal.
5. It is interwoven with the instructional program.
6. It brings its services to every student, not just to those in distress.
7. It plays an important role in the school's public relations program.
8. It is constantly engaged in a process of self-examination.
9. It insures a balance in services it offers pupils.

Once the program is ready to be established, there are certain general fundamentals which should be considered in its administration:

1. There should be centralized control to assure efficient and effective functioning of the total program.
2. Adequate budgeting of finances to provide necessary salaries, supplies, and equipment should be carried out.
3. There needs to be proper coordination of various divisions, departments, and areas.
4. Selection of teachers and health specialists should be based on the best qualifications for the particular school and community.
5. Allotment of sufficient time in the school curriculum for the health program to function effectively is a necessity.
6. Definite assignment of duties and responsibilities to teachers, health specialists, and administrative assistants is a must.
7. Organization of a health teaching program should be on a school-wide basis.
8. Consideration of legal provisions, state and local laws, and requirements pertaining to and affecting the School Health Program and pertaining to special children should not be neglected.
9. Provisions should be made for assuring maintenance of the school plant and facilities in a sanitary and hygienic manner.
10. Special measures are necessary to recognize and provide for individual physical, mental, emotional, and social differences of students.
11. Methods and plans for safeguaring the health of teachers, as well as of students, should be an integral part of the plan.
12. There should be constant and thorough evaluation of the total School Health Program.

Curriculum Overview

One area of study which is often lacking for special education students is that of health education.

The overall goal of this curriculum is to assist in developing individuals with the competency to function well in society and the ability to cope with the social, physical, emotional, intellectual, and spiritual dimensions of man. This goal seeks to aid in the discovery of self in relation to others in society and in the world and to implement the concept that decision-making is best where each individual has adequate information and experiences upon which to base his decisions. Decision-making is a cumulative process which results from a growing awareness of self and a growing awareness of the healthful alternatives which the health education process provides.

This guide is a vehicle for preventive education, acknowledging that a primary task of the school is development of positive self-concepts, helping students obtain control over their own lives, and maximizing their health potentialities. It offers a curriculum which helps each individual examine the meaning and value he desires health to have in his life and the life style he envisions necessary to implement his desires and values. It represents curriculum designed to fulfill personal needs and interests based on varied ability levels via being meaningful and relevant to students preparing to live healthful, productive and rewarding lives.

This rationale is based on concepts which provide for increasing levels of information and experiences related to physical, psychological, and social development as grade level increases. There is decreasing breadth, but greater concentration of information and experiences in various areas of health education and maturity levels increase providing a continuous and cumulative effect rather than a disjointed one.

Health Education should:

1. Represent a major part of a life-long educational process.
2. Exist for benefit of all students.
3. Represent a process that begins informally during pre-kindergarten years and continues throughout adulthood.
4. Involve total school/community efforts.
5. By its basic nature, revolve around developing a meaningful, satisfying and healthy life.

This particular guide represents one level of a planned, unified and comprehensive K-12 health education program for special children designed to:

1. Meet the needs of all students.
2. Be sequential, building on developmental tasks at each level.
3. Be flexible in order to facilitate implementation on a county-wide basis.
4. Include objectives and learning experiences for assisting in the decision-making process.
5. Be easily updated, due to its format, via replacement of pages upon their oosolescence.

Each topical area or unit consists of five basic parts:

1. Overview and Objectives
2. Concepts
3. Content Outline
4. Learning and Evaluative Activities
5. Resources

The unit overview gives a brief orientation to the philosophy regarding the unit. The outline of objectives reflects the cognitive, affective and psychomotor domains. They signify specific ways students should be able to think, feel, and act, after completion of the unit of study.

The concepts and supporting content outlines provide necessary background material for behavioral change. Coordinated with these are suggested resources and learning and evaluative activities from which student experiences may be selected in order to promote desired behavioral changes. These resources are not only for students, but also include materials which are too difficult for students' personal use, but valuable for teachers in the preparation of lesson plans.

Included among the resources are films which are usually listed with a reference to their Cortland-Madison BOCES number. To locate the producer/distributor, the teacher should consult the NIGEM Index of Films, which is available in most BOCES buildings or other film centers. Of course, any film or material must be previewed and carefully integrated with classroom activities in order to be of maximum effectiveness.

The curriculum guide contained herein is specifically designed to be descriptive and adaptable in order to allow for variations in school systems, teachers, classes and special education students. The teacher may not be able to expect students with certain disabilities to be able to spell correctly or write explanations, if at all, but by repetition as required the student should be able to learn eventually to pronounce and understand the important vocabulary words. The interaction of content and process in health education should lead to the development of problem-solving behavior which can be used flexibly and in a variety of situations. The goal, therefore, is to move as much as possible beyond fragmented and memorized information to the level where concepts are developed and internalized. To this end the teacher may want to draw upon activities from one unit to reinforce the objectives of another, or to use these activities as a point of departure in devising new ones.

Teachers need to be very flexible and ready to adapt the learning experiences to individual learning capabilities. Some of the students who may read and write very poorly can be expected to be very curious and verbalize fairly well regarding health topics presented.

Certain special education students, such as the educable mentally retarded and the trainable mentally retarded, may have very little ability to transfer learning. Words may have to be explained repeatedly in terms they can understand. Any audio-visual materials employed must be carefully screened prior to use and discussed after use to make certain the pupils understand the vocabulary and concepts presented. Emphasis should be placed on learning major concepts not facts that students won't be able to retain. The teaching techniques and extent or depth of coverage of material is governed to a considerable degree by the types and degree of handicaps of the children involved.

Remember that the mentally handicapped child or adult is not very different from any other human being. First, this individual is a human being, and only secondly does he have a handicap. His basic needs are as great as anyone else's, but his difficulties in learning, relating and coping may be greater. His behavioral manifestations may be inappropriate and because of this so-called negative behavior, his problems are great.

Teaching anything to those with learning problems requires special skills and understanding. Their needs are often more individually demanding; and it is usually more difficult to communicate with them. In preparing this guide, the writers were especially conscious of the tremendous range of special education students' abilities to learn. There are handicapped individuals who are barely distinguishable from the so-called "normal" members of society. And there are those whose handicaps are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing. The writers of this guide assume that the special education teachers using it already have an understanding of the similarities and differences of their students compared to those students without learning problems. Therefore, any reference to types and/or classifications of handicaps is generally avoided.

NUTRITION

OVERVIEW

As children reach the ages of nine, ten and eleven, they become more and more conscious of the behavior of those around them. Seeing a classmate eat a creme-filled, marshmallow covered cake for lunch is about as potent a stimulus to imitation as any available.

How does the teacher of the severely mentally handicapped child help him cope with the temptation to spend that hard-earned money, which by this age may jangle in his pocket, on soft drinks. candy bars, and potato chips? When the child is not allowed in the kitchen at home because he "gets in the way," how does he learn to prepare the foods which he should be eating as an adult? When parents don't know what alternatives to high-priced meats are available, and in adequate supply to even those on the most restrictive budget, what is the child to do?

Here is an opportunity to help not only the special education students, but in some cases, even their families, by taking a new approach to nutrition education.

Nutrition education should be stressed with all children, particularly those for whom partial independence is a realistic educational goal.

OBJECTIVES

1. Demonstrate a knowledge of the relationship of good nutrition, adequate sleep and physical activity to the body's growth and development.
2. Demonstrate an awareness of the basic principles of meal planning.
3. List and describe methods for handling foods.
4. Demonstrate a willingness to eat a variety of foods, both familiar and unfamiliar.
5. Discuss some of the consequences of poor food selection and eating patterns.
6. Recognize foods that are nutritionally beneficial.

MAJOR CONCEPTS

1. A variety of foods, both familiar and unfamiliar assures good nutrition.
2. Growing regularly is a sign of health.
3. Food is good.
4. Some foods may be better for the body than others.
5. Certain behavior while eating is important to enjoying and getting the most out of your meals.
6. Keeping food clean is important.

CONTENT OUTLINE

I. What is Food?
   A. Need for water and food
   B. How food affects how we feel
   C. Different kinds of foods
   D. Where different foods come from

II. Food is Used for Pleasure
   A. Favorite foods
   B. Food as a part of pleasurable (happy) situations

III. Food is Used for (Doing Things) Energy and Building
   A. Food gives us energy we need in order for our bodies to move
   B. We need to eat healthy foods daily for growth

IV. People Eat Many Different Kinds of Food
   A. Choosing what to eat from what is available to us
   B. Eating a variety of different foods

V. Importance of Keeping Food Clean
   A. Necessity for handwashing
   B. Using clean eating utensils
   C. Washing raw fruits and vegetables prior to eating
   D. Not sharing same piece of food with other people or pets

LEARNING AND EVALUATIVE ACTIVITIES

1. Make a trip to the farm, pet store or zoo; ask farmer, store or zoo manager about foods the animals eat.

2. Discuss what makes us hungry.

3. Draw pictures of where people eat; home, school, picnics, parties.

4. Keep height and weight charts for individual comparison at 3 month intervals.

5. Discuss: Bears need to eat when they hibernate; we work better if we eat a good breakfast; babies are less chubby after they learn to crawl and walk; we are not hungry when we are sick; we are very hungry when we get well.

6. Discuss lunches or lunch units:
   What foods are fruits?
   What foods are vegetables?
   What foods are meats?

7. Make a good food train from cartons composed of an engine and four cars. Each car should be designated as one of the basic four food groups. Make models of wide variety of foods and place in appropriate car.

8. Have a play store using stand-up pictures or stock with empty cans and boxes. Shop for foods.

9. Make a "good foods" booklet. Show a variety of foods from the basic four food groups that are healthy to eat.

10. Have children plan a meal. Follow up by cutting pictures of these foods from magazines and pasting on plates.

11. Discuss: Foods good for snacks.

12. Discuss the place of candy and sweet foods in the diet.

13. Discuss preparation for meals (washing hands, cooling-off from play activities).

14. Demonstrate proper use of napkin at table. Discuss small bites, eating slowly, elbows on table, cheerful conversation, use of utensils.

15. Exhibit pictures of good eating habits for bulletin board display.

16. Discuss traditional holiday foods at home. Make cranberry sauce for Thanksgiving, chocolate Easter eggs, etc.

17. Do some eating, smelling, tasting, cooking experiments with children to explore new possibilities in food.

18. Make butter, bread, jello, applesauce in the classroom.

19. Serve a good breakfast in the classroom.

20. Give each child a paper plate and a magazine. Cut out pictures for a good lunch, breakfast or dinner, paste on plate, add placemat, plastic silver and beverage for an attractive poster.

21. Display the different ways you can buy food at the store. (Students may bring in empty cans, jars, boxes, etc.)

22. Have children discuss good foods. Have them plan a "healthy lunch." Follow up by a trip to the store to buy these foods. Prepare the meal and invite parents to share lunch with them.

23. List and discuss the foods they ate for breakfast this morning.

24. Demonstrate setting up a table, serving and clearing off.

25. Read this poem to the students:

"Good Food Circus"

The Good Food Circus is coming to town
With loud drum beats and Easter egg clown,
With carrot king and tomato queen
And spinach ladies in gowns of green
With pumpkin carts and potato bears
And onion venders crying their wares.

Can't you imagine the growing crowd
The big squash elephants trumpeting loud?
The turnip brothers and acrobats
Will twist and turn on lettuce mats;
And sweet corn ladies will ride, of course,
On the broad bare back of a mild white horse.

How we shall clap our hands and laugh
At the long, lean neck of the bean giraffe
The lime monkeys that bravely cling
To the vine trapeze on which they swing
And the lazy cabbages in a row
Will be the fat people in the show.

The Good Food Pageant is free to all
The boys and girls both large and small
And after the glorious big parade
They'll serve cool drinks of orangeade
So hurry to bed when the sun goes down,
For tomorrow the circus is coming to town.

RESOURCES

Books:

The Good Foods Coloring Book, Consumer and Marketing Service, U. S. Department of Agriculture (Free).

Films:

Bread, BOCES (video cassette), 11 minutes

Chocolate, Why is Chocolate Sweet?, BOCES (video cassette, 4 minutes

Food for Fun, BOCES #831-313, 10 minutes

Good Eating Habits, BOCES #831-369, 11 minutes

Milk From Farm to You, BOCES (video cassette) 13 minutes

Onions and Spaghetti: Why Do Onions Make Me Cry?, BOCES (video cassette), 5 minutes

Oranges: Where Do They Come From?, BOCES (video cassette), 4 minutes

Where Does Our Food Come From?, BOCES #831-27, 11 minutes

Filmstrips and Cassettes:

Alexander's Breakfast Secret, BOCES #392-11

The Healthy Way in Wonderland, "Chef Ahmalett's Health Diet", BOCES #392-22

Kits:

Apples and Health Poster and Good for Me and My Apple, teaching units, National Apple Institute, Suite 410, 2000 P. Street, N.W., Washington, D.C. 20036

It's Breakfast Time, BOCES #123-23

Yardsticks for Nutrition, BOCES #123-28

Posters:

Dairy Council of California, 1095 Market Street, San Francisco, California
Child Feeding Posters

Posters (Cont.):

The Four Food Groups
My Lunch for a Happy School Day
We All Like Milk
What We Do Day By Day

Health Education Notebooks:

Nutrition Materials, BOCES #HN-19

Nutrition Oriented Menus, BOCES #HN-20

SENSORY PERCEPTION

OVERVIEW

The senses keep us in touch with the world and tell us of our body's needs. There are warning signs that tell us when the eyes and ears are not functioning properly and there are specific measures to be followed in caring for these sense organs.

As the child reaches the ages of nine, ten and eleven, it is essential for him to have all his senses functioning optimally if they have not been before. At this age, even for the trainable mentally retarded pupil, his academic accomplishment takes on new meaning, because as he assesses himself in comparison with others, the child develops a positive or negative reaction, the basis for a self image which will follow him to adulthood. For the child with an educational handicap, there will have been many negative experiences in the past, so the ability to use his senses as efficiently as possible in school is particularly important.

He is also becoming old enough to learn how to care for his sense organs himself. He can learn the rules for avoiding injury and infection, and the importance of regular check ups. He may now be able to care for any sensory aids he must use and he should be encouraged to do so. Can he keep his glasses clean and free from scratches? Can he replace run-down batteries in his hearing aid? The responsibility will surely increase his appreciation of all he then sees or hears.

OBJECTIVES

Suggested Pupil Outcomes:

1. Identify what our senses are and what they do for us.
2. Demonstrate proper care of the eyes and ears.
3. Demonstrate a willingness to wear glasses or any other aid if needed.
4. Show consideration of others who wear special aids or glasses.
5. Express an awareness of rules protecting the sense organs from injury and infection.
6. Participate in periodic assessment of vision and hearing efficiency.

MAJOR CONCEPTS

1. There are five main or special senses - seeing, hearing, smelling, touching, and tasting.

2. Most of our learning about the world around us is gained through our eyes and ears.

3. Healthy eyes and ears are important to our overall well-being and learning ability.

4. Screening tests provide a means of detecting vision and hearing difficulties.

5. The eyes are protected naturally by the bones of the skull, the eyelids and eyelashes, and by tears.

6. Proper lighting and viewing position can do much to avoid undue eyestrain.

7. Eyeglasses can help correct near-sightedness, far-sightedness, and astigmatism.

8. Small particles of foreign material which sometimes lodge beneath the eyelids require special attention and children should seek help from an adult in removing them.

9. Sharp or pointed objects, in particular, may injure delicate body parts such as eyes and ears.

10. Hearing aids can help people with certain kinds of hearing loss to hear better.

11. Proper medical care of colds and other illnesses can prove helpful in maintaining healthy eyes and ears.

12. We sense the four main tastes - bitter, salty, sweet and sour - on different parts of the tongue.

13. Our nose helps us to smell as we breathe in air.

14. The skin is specially designed to help tell us what we are touching.

CONTENT OUTLINE

I. What Are Our Senses?
   A. Seeing
   B. Hearing
   C. Tasting
   D. Touching
   E. Smelling

II. How Do Our Senses Work For Us?
   A. Our eyes and seeing
      1. Eye care and general health
      2. Tests of vision
   B. Our ears and listening
      1. Care of the ears and hearing
      2. Tests of hearing
   C. Our skin and touching
      1. Skin sensations and what they tell us
         a. Hot and cold
         b. Pressure and pain
   D. Our nose and smelling
   E. Our tongue and tasting
      1. Identification of different tastes
         a. Sweet
         b. Sour
         c. Salty
         d. Bitter
      2. Care of the mouth

III. Sensory Perceptions and Good General Health
   A. Sleep and rest
   B. Nourishing foods
   C. Exercise
   D. Protection of our senses
   E. Medical check-ups

LEARNING AND EVALUATIVE ACTIVITIES

1. Make a bulletin board on the five senses. Teacher provides name and picture of part of body (eye, ear, nose, etc.). Child provides pictures of something to see, hear, etc.

2. Touching game: (Objects with different textures and feels are presented to blindfolded child who guesses what he has touched.) Other versions of the above include the: Smelling game, Hearing game, Seeing game, and Tasting game.

3. Demonstrate how vision and hearing tests are given. Possibly have school nurse-teacher demonstrate the "E" game.

4. Make pictures for bulletin board, "Your Eyes: Some Do's and Don'ts" or "Your Ears: Some Do's and Don'ts".

5. Play game "Sharp Eyes": Have children make a circle standing close to each other, with hands behind their backs. One child is in the center of the circle; he is the dog. Some child has the dog's bone (any object) and he passes it quickly to child next to him. Keep passing the bone on. At some time, the bone may be passed the opposite way. Those in circle may only make motion of receiving bone to further confuse dog. Dog must have sharp eyes to find who has the bone. When he thinks he knows he may have 2 guesses. If he guesses right, he may still be the dog - otherwise child with bone becomes the dog.

6. Play game "Who Called?": Children form a circle and one child stands with his back to circle about 15-20 feet away. One child in center of circle points to another child to call the name of the child who is away. As soon as child recognizes caller, he says, "It is _____." He has 3 chances. If he fails, he changes place with caller. If he is correct, he changes places with person in the center.

7. Walk quietly through the hall and return to the classroom. Have the children help compose a list of the sounds they heard.

8. Collage of pictures depicting the five senses.

9. Have children tape-record their voices.

10. Demonstration of locations of the sense organs using Sesame Street Record, "I've Got Two Eyes".

11. Poems to discuss:

"Sounds"

I like the sounds of many things -
Of tinkling streams, a bird that sings,
Of falling raindrops, buzzing bees,
Of crunching snow, and wind in trees.

Poem "Sounds" (Cont.):

I like the sound of happy play,
Of echoes soft and far away,
Of music gay or sweet and slow,
Of trains and cars that swiftly go.

But there is one sound nicer far,
To me than all these others are,
I like the sound September brings,
When once again the school bell rings.

"Smells"

The world is full of wonderful smells
And you have a nose that always tells
Of bread in the oven, hot and nice,
Of cake being baked with lots of spice,
Of a barn with fresh cut hay in the mows,
Of horses and pigs and cats and cows,
Of a dog when he's warm and lies in the sun,
Of applesauce and chocolate and a sugar bun.
Wouldn't it be dreadful if you'd no nose to tell
Of every wonderful, wonderful smell?

"Wonders of Seeing"

When I lie flat upon the grass and put my face close down,
I see so many, many things, all colors, green and brown,
And red and black, so many things that go round and round,
And here and there and slow and fast along the ground,
Forwards and backwards and not fast at all,
Just a creepy, creepy crawl.
There's always something moving
So I'm never bored at all.

12. Invite the school nurse to the class to discuss eye care and safety.

13. Invite the school nurse to the class to discuss ear care and safety.

14. Blindfold a student, have him hold his nose and then try to differentiate between a potato and an apple.

15. Put the names of several occupations in a box. Have the children pick out one of these and relate the importance of the different senses to the occupation, i.e. pilot, telephone wirer, signalman, coffee taster.

16. Draw a picture of the location of various types of taste buds on the blackboard. Have blindfolded tasting test. Do tastes affect what we select to eat? (Use celery, apple, carrot, etc. to determine sweet, sour.) Where can you taste sweet, sour, etc.?

17. Have the children describe the care taken in the examination and fitting of glasses.

18. Special Auditory Activities:
    a. Tap a rhythm. Pick one child and ask him to tap it just as you did.
    b. Go for a "listening walk." Talk about the sounds you hear.
    c. Make a tape of familiar sounds such as thunder, birds, footsteps, running water, and a train going past. Ask the children to identify the sounds. Older students may wish to borrow the recorder and tape sounds themselves.
    d. Assign each child a word. Read a story which uses these words frequently. (Such a story is fun to make up yourself.) Each time a child's word occurs, he should clap, stamp or make some appropriate gesture as quickly as he can. (Talking Tales)
    e. Read a story and ask the children questions, either as you go along, or at the end. If they know you are going to do this, they will try harder to listen carefully.
    f. Peabody Primary Level Language - All sound records. Have children identify these sounds and where they might hear them.

    Special Factual Activities:
    1. Make a "grab bag" out of a draw-string bag. Fill it with common objects and open the top just enough for the child to put his hand in. Ask him to choose an object and identify it by touch, without peeking.
    2. Finger paint is fun if you close your eyes and draw a picture. Then open them and see how well you did without looking.
    3. Little samples of different textures such as corduroy, satin, sandpaper and feathers are interesting stapled onto the pages of an album. Talk about what you think of or how you feel when you touch the different samples.
    4. Shapes such as triangle, circle and square have a whole new meaning when explored by touch. Have a variety of large and small, and rough and smooth for sorting or matching while blindfolded.
    5. Make a simple texture board. Blindfold child. Place his left hand on a texture. Move right hand around texture board until child matches identical sample.
    6. Play the game "Telephone" with the class.
    7. Clap a specific pattern. Have children attempt to repeat this pattern they heard. Identify clapping pattern with a visual pattern card. After clapping the pattern the child will then hold up a card which illustrates what they heard: (—— – ——) - illustrates 3 claps - long, short, long.
    8. Audible ball - (ball with pin that "beeps"). Hide the ball and have child find it by listening to its sound.
    9. Have children copy a buzzer board sound pattern.

19. Auditory Memory Activities:
    a. Say a simple 2, 3, or 4 word sequence to child. Have him/her repeat this back to you.
    b. Give child 2, 3, or 4 oral commands (depending on child's ability). Repeat the directions. Have child carry out these directions with little or no verbal cues. Requires child to attend to what is said, and then act out correctly what he/she has heard.

20. Visual Activities:

a. Put a number of common objects on a tray. Have the children look at them carefully for a minute or two. Then cover them. Can the children name all the objects they saw? Take away one or two objects. Have children identify what was taken away. Or, have one child remove an object from the tray. Have him/her then describe to the others different characteristics of the object on the tray, that he has removed.

b. Look at a picture or a painting for two or three minutes with the whole class. Then remove it and ask the children to draw with crayons what they saw. Ask them to make their drawings as much like they just saw as they possible can. Then check for accuracy of detail.

c. Play "I am thinking about ...". The teacher will describe one of the objects on the tray. The children must guess which object the teacher is describing.

Books:

Find Out By Touching, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

The Listening Walk, Paul Showers; Thomas Y. Crowell Company, New York, 1961, 152
S

My Five Senses, Aliki; Thomas Y. Crowell Company, New York, 1962, 612
A

The True Book of Sounds We Hear, Illa Podendorf; Children's Press, Chicago, Illinois, 1955, 534
P

Films:

A Look at You, BOCES #831-244, 13 minutes

Eye Care Fantasy, BOCES (video cassette), 8 minutes

Hailstones and Halibut Bones I, BOCES #831-327, 6 minutes

Hailstones and Halibut Bones II, BOCES #831-328, 7 minutes

Listening, BOCES #832-97, 14 minutes

Ways to Find Out, BOCES #831-310, 11 minutes

Kits:

Audaball - (basketball, football or soccerball); Science for the Blind, 221 Rock Hill Road, Bala-Cynwyd, PA. 19004

Audible Ball- (Voit); American Foundation for the Blind, 15 West 16th Street, New York, N. Y. 10011

Buzzer Board; Developmental Learning Materials, 7440 Natchez Avenue, Niles, Illinois 60648

Peabody Language Kit - Sound Records (Primary Level); American Guidance Service, Inc., Publisher's Building, Circle Pines, Minnesota 55014

Percentual Skills Curriculum, Jerome Rosner; Walker Educational Book Corp., 720 Fifth Avenue, New York, N. Y. 10019

Kits - (Cont.):

Sounds We Hear - record set; Scott, Foresman & Company, Glenview, Illinois 60025

HEN:

Sensory Perception Materials, BOCES #HN-21

DENTAL HEALTH

OVERVIEW

Are good teeth really important to appearance and health? Watch people when they smile. . . or look into the mirror. The lack of understanding and appreciation for good dental health on the part of the parents and children often results in the neglect of early and regular dental care. Many other factors, among them frequent and excessive consumption of sweets, failure to practice good oral hygiene habits, fear of dental treatment and failure to include funds for dental care in the family budget have all contributed to one of the most common of all diseases affecting the American people -- dental caries (tooth decay).

This is undoubtedly even more true for handicapped children than for the general public. A handicapped child is less able to influence practices in the home. If he comes from a family which does not buy toothbrushes for the children, or does not take him to the dentist or limit the consumption of sweet foods, he is not apt to try to convince his parents to change. This may be due to a child's lack of confidence, inability to see the cause-effect relationship between dental care and dental health, or fear of dental treatment.

The result may be even more unfortunate than it would be for a normal child. If there are speech defects for which correction of dental defects could facilitate improvement; if the child has broken or decayed teeth having a negative effect on his social interaction; if he has discomfort from the poor state of his teeth, the child cannot take full advantage of special educational services or any other opportunities for growth.

Dental health has a direct bearing on general health and deserves the attention of teachers and students at every level.

OBJECTIVES

Suggested Pupil Outcomes:

1. Develop favorable attitudes toward caring for the mouth and teeth reflected in habitually practicing good dental hygiene.

2. Express an awareness of the relationship of dental health to general health and appearance.

3. Practice preventive procedures for dental health including visiting the dentist, good oral care, and eating proper foods.

4. Demonstrate proper toothbrushing techniques.

5. Identify habits that adversely affect dental health.

MAJOR CONCEPTS

1. Observance of good dental health practices, including personal care, professional care, proper diet and oral habits, is most important to good oral health.
2. Teeth are important to us for many reasons.
3. The number of teeth we have changes as we grow.
4. Daily care is important to dental health.
5. Foods left between our teeth cause decay and the formation of cavities.
6. Teeth can be adversely affected by the foods we eat.
7. The process of tooth decay can be reduced and controlled by proper diet and care.
8. Regular visits to a dentist can help maintain healthy teeth.
9. Many dental accidents can be prevented by safe practices.
10. Preventive dental care should begin at an early age.
11. Our teeth should be a permanent part of our bodies.

CONTENT OUTLINE

I. Taking Care of Our Teeth
   A. Cavities are caused by improper care
      1. What are cavities?
      2. Flossing can be helpful
      3. Swish and swallow
   B. Brushing
      1. Types of toothbrushes
      2. Care of the brush
      3. Toothpaste and toothpowder
      4. How to brush
   C. Chewing on foreign objects
   D. Thumb sucking, lip and tongue biting

II. Our Diet is Important for Healthy Teeth and Gums
   A. Foods for sound teeth
   B. Foods that cause tooth decay
   C. Foods that help reduce and control decay

III. Individuals Who Are Important in Dental Health
   A. Dentist
   B. Dental Hygienist
   C. Orthodontist
   D. Parents
   E. You

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss use of teeth for eating, speech and appearance.

2. Compare the teeth with other cutting and grinding machines.

3. Display a collection of magazine pictures about dental health on bulletin board or arrange the room with pictures, models and objects pertaining to various aspects of dental health. (Dental tools, animal teeth, human teeth, tooth models - healthy and decayed, toothbrushes, etc.)

4. Have class members collect pictures of people smiling. Illustrate how some of these people would look with missing teeth by blackening a few of the teeth.

5. Display and discuss magazine pictures brought by children showing good and bad foods for teeth using a "Happy and Sad Tooth" chart.

6. Have child prepare lists of good dental snack-time foods.

7. Demonstrate ways of cleaning teeth when a brush isn't available (swish and swallow, etc.).

8. Have each child eat a cracker and with his tongue feel the coating of food on the teeth. Then have each student eat a piece of carrot, celery or apple and note how much cleaner the teeth feel. Discuss the value certain foods such as apples, celery, carrots, and oranges as tooth cleaners. (Nature's toothbrushes.)

9. Make a table display called "using the right tools", have some things for which children should not use their teeth (bottle caps, nuts, etc.). Beside each one place a tool or picture of a tool that should be used.

10. Have children prepare a daily brushing chart to be taken home and hung in the bathroom to record when their teeth have been brushed or rinsed. Use different symbols for brushing and rinsing. Evaluate.

11. Demonstrate with large set of teeth and toothbrush the proper way to brush teeth, including use and care of toothbrush. Teacher should demonstrate brushing by:
    Using a large model brush and model of teeth, if available.
    Bring own toothbrush and demonstrating - length of time, all teeth, and ways of brushing.
    Having each child bring his or her own brush and practice brushing properly - length of time, surfaces of all teeth.

12. Demonstrate flossing. Have a child hold up a forefinger and middle finger firmly together. Gently move a strand of dental floss (wound around your forefingers) between the upright fingers. Fold the dental floss around one finger moving upward to remove food plaque. Move the floss down again and up around the other finger.

13. Distribute toothbrushes and small tubes of toothpaste for all children to take home and use. (Often available free from major manufacturers.)

14. Poems:

"Teeth"
Some are big,
Some are small.
Others aren't there
At all!

"Brushing"
This is what we want to know -
Brush our teeth the way they grow.
Inside and out and on the top,
We brush them clean before we stop!

"But Then"
A tooth feel out
And left a space
So big my tongue
Can touch my face

And everytime
A smile, I show
A space where some-
Thing used to grow

I miss my tooth
As you can guess,
But then - I have to
Brush one less!

"Brush, Brush Your Teeth"
Brush, brush your teeth up to your gum
Don't you let the cavities come
Brush brush up
Brush brush down
Brush up - brush down.

"Wiggly Tooth"
Once I had a little tooth
That wobbled everyday;
When I ate and when I talked,
It wiggled every way.

Then I had some candy -
A sticky taffy roll.
Now where my wiggly tooth was -
Is nothing but a hole!

15. Make toothpowder in class. Students mix the following ingredients in the proportions indicated: 1 teaspoon salt, 2-3 teaspoons baking soda, and a drop or two of oil of peppermint, wintergreen or cinnamon. Have pupils take some home to use when brushing teeth.

16. Discuss the loss of primary (deciduous) teeth as a normal process unless there is tooth decay or an accident.

17. Have children share the experience of losing a tooth.

18. Discuss a new baby and the fact it has no teeth.

19. Invite dentist or dental hygienist to visit class and explain services given by a dentist (Ask them to bring dental instruments if possible.) or meaning of the following words: germ, cavity, acid, primary, appearance, digestion, permanent, dentist, enamel, calcium, caries, penetrates, fluoride. (May be used in spelling contest or as extra spelling words.)

20. Conduct a "sweetless party". (Popcorn, crackers-cheese, potato chips, carrot strips, radishes, celery stuffed with cheese, pretzels, unsweetened fruit juices.)

21. Cut marshmallows and apples with knife to demonstrate differences as to how food sticks.

22. Perform (either at school or at home) disclosing tablet test to demonstrate effectiveness of toothbrushing. (Your dentist or local dental society can provide information about securing a supply of these tablets.)

23. Discuss reasons for regular visits to dentist.

24. Display pencils, unshelled nuts, buttons and other hard objects and discuss the dangers to teeth when these items are bitten or chewed.

RESOURCES

Book:

Dentist's Tools, Carolyn Lapp; Lerner Publications Company, Minneapolis, Minnesota, 1961, 617.6
L

Films:

Dottie and Her Dad, 16mm, 4 1/2 minutes, American Dental Association

Dottie and the Dentist, 16mm, 4 1/2 minutes, American Dental Association

Learning to Brush, BOCES #831-185, 10 minutes

Tommy's Healthy Teeth, BOCES #831-150, 11 minutes

Kits:

Dental Health Teaching Unit - Grades 1-3, Bristol Myers, Educational Service Department, 630 Fifth Avenue, New York, New York

Learning About Your Oral Health, Level 1, American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611

Filmstrips and Records:

The Healthy Way in Wonderland - "The Neat Bird", BOCES #392-22

Your Mouth Speaking, 7 filmstrips, Walt Disney Educational Materials, Department F, 800 Sonora Avenue, Glendale, California 91201

HEALTH STATUS AND DISEASE PREVENTION AND CONTROL

OVERVIEW

Pupils can be helped to achieve and maintain lasting fitness through sound programs of health education and physical education, especially when they compliment each other. This is true for all children, despite variations in the skills which they bring to physical activities. Because physical fitness is not directly related to academics, it is an area in which children with severe academic problems can achieve emotional growth through pride in their accomplishments. Confidence is developed, with the result that the child is willing to try tasks which seemed impossible before, both in the gym and in the classroom.

The school health education program, especially its physical fitness portion, the physical education program, for each reinforces the other. Children can learn to use their bodies more efficiently when they understand a few of the basic facts about structure and function. Knowledge of good health practices can also improve performance in sports and games.

Children who are severely retarded especially need a great deal of attention directed toward everyday habits of personal cleanliness which will keep them from getting sick and/or spreading diseases to others. Washing hands carefully after toileting is particularly important. Covering the mouth when coughing can also help prevent the sharing of such illnesses as colds and flu.

In some cases, children with a disability may have had so many unpleasant contacts with doctors and hospitals at an early age, that they are fearful of all health personnel. With these children it is essential to develop an understanding of the vital services these individuals perform and of the fact that their help can be preventative, too.

Because most children with academic limitations have not only observed the fact that variation exists among individuals, but have suffered intensely from feelings of inferiority, teachers of health education should help each child learn to measure his present skills by his own past performance, rather than comparing himself with other children. The child can be shown that this is a technique borrowed directly from the health personnel, and that it is only one of many ways that doctors, nurses, and others can help.

OBJECTIVES

1. Be aware of the effects and benefits of physical exercise and activities.
2. Determine the importance of personal cleanliness.
3. Distinguish between health and illness.
4. Identify factors affecting health.
5. Assume responsibility for prevention and control of disease within himself/herself and others by using personal habits that will discourage the spread of disease.
    a. Use a tissue when needed.
    b. Cover his/her mouth when sneezing.
    c. Cover his/her mouth when coughing.
6. Define those daily activities which have a positive effect on personal health.
7. Interpret the cause-effect relationship as it applies to disease.
8. Familiarize oneself with members of the school health team and their role in the total school program.
9. Identify the role of "community helpers" in preventing health problems and enhancing health status.
10. Predict the kind of growth and developmental changes that may occur within a child, as he ages.

MAJOR CONCEPTS

1. Physical activity should be planned as part of one's daily routine.
2. There is a positive relationship between practicing desirable health practices and body fitness.
3. Sleep, rest, and proper food are important for tomorrow's exercise and play.
4. Good sportsmanship adds to the enjoyment of play activities.
5. Physical fitness is an essential quality for anyone desiring to make the most of himself and his life.
6. Exercise and play contribute to personal happiness, growth, strength, relief of fatigue, and making friends.
7. Great differences exist in height, weight,and body build among children - all of whom may be quite healthy but growing in the way that is right for them.
8. Suitable conditions are necessary for play activity.
9. Each person has a responsibility for his/her own personal care.
10. Regular bathing removes perspiration, oil, and dirt from the skin.
11. Proper care of the hair keeps it clean, healthy and attractive.
12. Proper care of the nails is important to grooming and the prevention of infection.
13. The use of commercial products (i.e. soaps, deodorants) promotes a healthier body.
14. Hands should be washed after toileting.
15. A cause-effect relationship has been established between germs and disease.
16. The nature of many diseases makes it possible for them to be spread from person to person.
17. Personal health is significantly linked with personal habits.
18. A more serious disease may follow what appears to be an insignificant illness.
19. We are dependent upon many people to help us when we are ill.

CONTENT OUTLINE

I. Our Health Can Be Measured
   A. Each person is different
   B. Health appraisals are part of our school program
      1. Medical check-over
      2. Seeing and hearing
      3. Teeth and gums
      4. How tall and how small

II. The School Has Its Team
   A. The teacher and the everyday classroom
   B. The school nurse-teacher and health status
   C. The doctor and his visits to school
   D. The dental health teacher and oral health
   E. The speech teacher and communication

III. Getting Familiar with Some of the Community Health Team
   A. Family doctor
   B. Dentist

IV. How to Keep Yourself Well
   A. Physical exercise and activity
   B. Clean body and clothes
   C. Clean, neat and safe surroundings
   D. Posture and carriage
   E. Being friendly and helpful
   F. Proper nutrition
   G. Sleep, rest, and relaxation
   H. Caring for our senses
   I. Caring for the skin, hair, and nails

V. Germs Are Spread by Contact
   A. Directly with an ill person or animal
   B. Indirectly with the germs in secretions or discharges from an ill person or animal

VI. Germs Get Into Man's Body Through Portals of Entry Such As The Mouth, Nose, and Broken Skin

VII. Signs of Illness (Which Should be Reported) Are Reflected in the Ways We Look and Feel
   A. Sore throat
   B. Headache
   C. Stomachache
   D. Vomiting
   E. Skin rashes

VIII. There Are Several Habits Which Can Discourage the Spread of Disease
- A. Body cleanliness and handwashing
- B. Care in the use of personal items
- C. Proper toilet habits
- D. Drinking and eating precautions
- E. Covering mouth/nose when coughing/sneezing
- F. Proper use/disposal of paper tissues
- G. Obtaining adequate rest, exercise, and diet

LEARNING AND EVALUATIVE ACTIVITIES

1. Bring in and display pictures of your favorite sport or sport hero. Discuss this activity with class.
2. Discuss the opportunities made available for play at school and at home.
3. Discuss the reason for playing outside when possible.
4. Dramatize and illustrate safe and unsafe forms of play activities.
5. Activity: Perform strength building exercises and stunts.
6. Give examples of good sportsmanship in play activities.
7. Discuss the need for teamwork and cooperation in games.
8. Dramatize what happens when pupils do not get enough sleep.
9. Explain why rest is important and needed at certain times.
10. Discuss the benefits of regular exercise and play.
11. Art activity: Children can draw pictures of a member of the school health team and then tell a story about what the person is doing in the picture.
12. Discuss the necessity of using a tissue when needed.
13. Practice the proper procedure for use/disposal of tissue or handkerchief.
14. Have school nurse-teacher visit class for a preparatory talk before physical appraisals, weighing and measuring, vision and hearing testing.
15. Charades game: One child acts out a good grooming activity while others guess what he is doing.
16. Play records for certain movements.
17. "Health Interest Corner": have children contribute such things as soap, toothpaste, hairbrush, nail file. Demonstrate how each item is used.
18. Discuss relationship of good health habits and keeping well. Have students construct a list of good health habits.
19. Discuss the fact that the ill feeling is nature's way of telling us that something is wrong with our body.
20. Discuss what might happen to our bodies without proper health care.

21. Discuss the importance of proper care and adhering to doctor's advice if one has a minor disease. Cite examples of a minor illness leading to pneumonia, heart problems, hearing loss, etc.

22. Use an atomizer to demonstrate how coughing and sneezing spread germs. Contact local American Lung Association for photographs showing actual range of cough and sneeze spray.

23. Discuss the importance of using your own toothbrush, handkerchief, drinking glass, etc.

24. Have school nurse explain how germs enter the body through cuts in the skin; explain how to cleanse and why this is important.

25. Construct a bulletin board on good health habits.

26. Discuss importance of hospitals, vaccinations.

27. Pantomine: Preparation for school -
    Washing face and hands
    Combing hair
    Putting on clothes
    Putting on protective outerclothing as weather prescribes

28. Have students role play - Proper way of behaving around others when you are ill; how to spread disease; how to prevent spread of disease.

29. Have students listen to neighbor's heart with a stethoscope; discuss why a doctor uses such an instrument.

30. Class discussion of all possible ways to prevent spread of disease. Review with boys and girls the things they can do to help keep from spreading disease germs: wash their hands before eating and after using the toilet; cover coughs and sneezes; keep pencils and fingers out of the mouth; use their own towels and washcloths; avoid drinking from a common drinking cup; and stay home from school if they have a cold.

31. Discuss the values of an annual health examination.

32. Display doctor's instruments or pictures of them. Let the children listen to the heart and lungs with stethoscope.

33. Invite a physician to class to discuss how individuals grow. Discuss changes that may be expected during pre-adolescent and adolescent years.

34. Discuss seasonal diseases (colds, allergies) - what to expect; how to care for them; how to prevent them from spreading.

35. Poems:

"Early or Late"

Go to bed early: wake up with joy.
Go to bed late: cross girl or boy.
Go to bed early: ready for play.
Go to bed late: moping all day.
Go to bed early: no pains or ills.
Go to bed late: doctors and pills.
Go to bed early: grow very tall.
Go to bed late: stay very small.

"Recess"

We are having playtime
It's recess now.
And oh, what fun
To play together in the sun;
To climb on boards
And ride on swings
And run and jump and
Hunt for things.

RESOURCES

Books:

Daily Sensorimotor Training Activities, William T. Bradley, M.Ed.; Geraldine Konicki, Catherine Leedy; Educational Activities Inc., Freeport, Long Island, New York $4.95 - also available at SUCC bookstore

How Doctors Help Us, Meeker, Alice M. #610 M

Karen Gets a Fever, Miriam Gilbert; Lerner Publications Company, 241 First Avenue North, Minneapolis, Minnesota 55401, 612 G

The True Book of Health, Olive V. Haynes, R.N.; Children's Press, Chicago, Illinois, 1959, 613 H

Films:

Alexander Learns Good Health, BOCES #831-8, 11 minutes

Be Healthy, Be Happy, BOCES #831-189, 11 minutes

Busy Bodies, BOCES #831-311, 10 minutes

Clean and Bright, BOCES #831-312, 10 minutes

Clean and Neat with Harv and Marv, BOCES #831-403, 11 minutes

Joan Avoids a Cold, BOCES #831-79, 11 minutes

Let's Be Clean and Neat, BOCES #831-74, 11 minutes

Running for Sheriff, BOCES #831-211, 12 minutes

Scott Goes to the Hospital, BOCES #831-404, 11 minutes

Sleepy Heads, BOCES #831-314, 10 minutes

Filmstrip:

How to Catch a Cold, Walt Disney, Glendale, California 91201, $3.00

Filmstrip and Cassette Set:

The Healthy Way in Wonderland, BOCES #392-22

Kit:

Practicing Good Health, BOCES #123-29

DRUGS, ALCOHOL AND TOBACCO

OVERVIEW

In dealing with children at this level, the special education teacher must take a dual approach - helping the child deal with present dangers and providing him with guidelines for future behavior. One point which should be made in the beginning is that many socially acceptable adult practices - such as drinking - are not acceptable for children.

The teacher should also make certain that her students are aware of the dangers inherent in the misuse of many common household products. The child may unknowingly endanger himself unless he is familiar with the proper use of chemical substances such as ammonia, furniture polish and floor wax.

Another area of importance is that of medication. The child should be taught never to take another person's medicine and only to accept medicine administered by a responsible adult.

OBJECTIVES

1. Express an awareness of the common drug products and household substances that can affect health.
2. State an awareness of the differences in family practices and feelings about the use of tobacco and alcohol.
3. Recognize dangers inherent in misuse of commercial household products.
4. Avoid all medications unless administered by an adult.
5. Relate awareness of the dangers inherent in cigarette smoking and improper use of alcohol.

CONTENT OUTLINE

I. What Are Some Common Drugs and Medicines?
   A. Aspirin
   B. Vitamins
   C. Prescription medicines
   D. Non-prescription preparations (i.e. cough syrup, decongestant sprays, etc.)

II. Other Potentially Dangerous Substances
   A. Alcohol
      1. Use (by responsible adults)
      2. Misuse
   B. Caffeine
      1. Found in coke, coffee, tea
      2. Not beneficial to children
   C. Tobacco and inherent dangers
   D. Household commercial products and inherent dangers in misuse

III. How Do Drugs, Medicines and Other Potentially Dangerous Substances Effect our Growing Bodies?
   A. Helpful effects
   B. Harmful effects

IV. How Does our Environment Influence our Use of Chemical Substances
   A. Family and adult image
   B. Peer pressure

LEARNING AND EVALUATIVE ACTIVITIES

1. Have students relate their experiences with taking medicine. Why is it necessary to take a specific amount at a specific time?

2. Arrange a real or imaginary visit to a drug store.

3. Have children tell stories about the importance of the druggist in the community.

4. Discuss the safety factors associated with medicines as well as possible harm from misuse.

5. Show children poison labels so that they will learn to identify them.

6. Read warnings from labels on empty paint cans, cleaning fluids, glue tubes, etc., and explain meaning to students.

7. Explain to students what they should do if they feel any unusual effect after having been exposed to any chemical substances.

8. Discuss rules for taking medicine.

9. Dramatize ways adults should properly dispose of old medicines and containers. Develop a letter to parents suggesting safe ways both to store and to dispose of medicine.

10. Discuss the dangers in taking other people's medication.

11. Discuss the reasons parents give for smoking.

12. Discussion: Do you have to smoke when you are an adult?

13. Discuss: Is smoking worth all of the risks involved?

14. Discuss what a doctor's prescription is. Where do we bring these to be filled? What precautions should be taken in their use?

15. Have a doctor discuss the relationship of health to use of chemical substances.

16. Have children discuss the things they do and say because their friends do. Discuss how to answer friends who insist that unknown substances be used. Discuss dangers of experimenting "for fun."

17. Discuss the misuse of household products. Bring in a variety of household cleaners. Demonstrate their proper use. Discuss measures to be taken when misused.

18. Construct a bingo game using functional safety words related to chemical substances - (i.e. poison, caution, danger, flammable, toxic) Discuss what these words mean and where they might be found.

19. Discuss what children should do immediately following ingestion of a household chemical substance (i.e. Inform mother, etc. who may call Poison Control Center)

RESOURCES

Films:

Drugs: A Primary Film, BOCES #831-346

Puff the Magic Dragon, State Health Department, 84 Holland Avenue, Albany, New York 12222

Sniffy Escapes Poisoning, BOCES #831-336, 6 minutes

Filmstrips:

Tobacco: The Habit and the Hazard, by Cathedral Films, Community Project on Smoking and Health, 111 Light Court, Syracuse, New York 13210

Warning from Outer Space, Professional Arts on Smoking (FREE)

Filmstrip and Cassette:

Drugs, Poisons and Little Children, BOCES #392-4, 15 minutes

Posters:

Best Tip Yet: Don't Start, BOCES #P-75

Life is so Beautiful, Stay Alive, Don't Smoke Cigarettes, BOCES #P-73

Chart:

Smoking Flip Chart - Bunny Rabbits, BOCES #CH-4

Coloring Books:

Katy's Coloring Book About Drugs and Health, National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, MD $.35 per copy, GPO SN #2704-0011

Kool Kat, BOCES #P-171

Coloring Books (Cont.):

Story of a Cigarette, BOCES #P-34

Tuffy Talks About Medicine, Film Librarian, Public Relations and Advertising Department, AEtna Life & Casualty, 151 Farmington Avenue, Hartford, Connecticut 06115

MENTAL HEALTH

OVERVIEW

For the young, handicapped child, what does mental health mean? It means the security of a strong sense of identity. This identity is based, not only on knowing one's name, age, sex and other pertinent information, but also becoming aware of and understanding one's feelings. To the trainable child, or young adolescent, emotions are often misunderstood and are thus handled improperly. The child must learn that emotions are a normal reaction to daily encounters and are common to all individuals. More importantly, the child should learn that emotions must be expressed through appropriate constructive means. It is the teacher's responsibility to supplement parental teaching in helping the child channel these modes of expression.

Mental health also means a positive, yet realistic self-image. The trainable child must develop a good feeling about himself, as the normal child should, in order to become all that he is capable of becoming.

It is important for the trainable pre-adolscent and adolscent child to develop a positive understanding of himself. The teacher must help the child become aware of his emotions and ways in which to cope with them. This is an essential step in helping the child to deal effectively with others.

OBJECTIVES

Suggested Pupil Outcomes:

1. Think and act in a rational manner in most situations and relationships.
2. Demonstrate respect for himself and others.
3. Understand and observe rules for living that make a happier and healthier life for all.
4. Develop and maintain satisfactory interpersonal relationships.
5. Identify himself/herself as a person of worth.
6. Display control and understanding of his feelings in a positive way.
7. Develop understanding of his role in relation to others.

MAJOR CONCEPTS

1. Mental health is one aspect of total health.

2. Each individual, as a person, is very important.

3. Everyone is different. You can do certain things well, better than others; yet, some can do things better than you.

4. Working and playing together is part of growing up.

5. Good behavior is a part of growing up. Improving behavior tells others you are growing up.

6. As we grow up we should learn to control our own behavior.

7. Sharing helps to make the home and school happy places.

8. Friendships contribute to a person's well-being.

9. As the individual grows, he should become more aware of himself and more considerate of others.

10. Individuals have needs necessary for their well-being (love, approval, independence and feeling significant).

11. Consideration of others' rights and property is important.

12. Leisure time activities help develop creativity, friendships, skills.

13. Consideration and respect for others is important.

14. It is important to have respect for one's self.

15. Understanding ourselves helps us to live better with others.

16. Emotions are normal.

17. We have many different feelings which are part of life: sadness, loneliness, hate, fear, anger, love, happiness, etc.

18. Our voice and actions reflect our feelings about ourselves.

19. Mental health is how one feels about oneself, how one feels about other people, and how one is able to meet the demands of life.

20. Any given emotion may be expressed in a positive or negative manner.

CONTENT OUTLINE

I. Understanding Ourselves
   A. We all have basic needs
      1. Need for love
      2. Need for approval
      3. Need for independence
      4. Need to feel significant
      5. Need for psychological security
   B. Unique components of personality
      1. Self-image
      2. Self-confidence
      3. Self-motivation and discovery
      4. Self-respect
      5. Self-worth

II. Understanding Our Feelings
   A. Emotions are normal feelings, common to individuals
   B. Awareness of different emotions
      1. Love
      2. Hate
      3. Happiness
      4. Sadness
      5. Anger
      6. Loneliness
      7. Friendship/caring
      8. Fear
   C. Emotions need to be expressed
      1. Positive release of feelings
         (i.e. talking, crying, laughing, etc.)
      2. Negative or self-defeating responses
         (i.e. hitting others, swearing, etc.)

III. Understanding Our Feelings Towards Others
   A. Relationships with peers
      1. Respecting other's rights and properties
      2. Accepting others' limitations
      3. Accepting others' successes
   B. Relationships with adults
      1. Trust and respect for those in authority
      2. Accepting parents concern for our well-being
      3. Accepting suggestions and constructive criticisms
         from experienced adults

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss disappointments which occur and tell how they can work for good.

2. Tell about things you like to do, bring to school things you have made. Teacher make up a display of children's hobbies.

3. Discuss friendships, with older people, younger, peers.

4. Discuss how children with limiting disabilities may still be included in different activities.

5. Read stories that illustrate children in different behavior situations.

6. Make a list of desirable behavior practices, encourage weekly checking and ways to improve or change behavior that is difficult.

7. Have children discuss traits that they like in others.

8. Talk about times you are happy and times you are sad (or other feelings). What causes you to feel this way?

9. Talk about what you can do when you feel upset. Discuss how you can help others when they are upset.

10. Discuss the many ways in which you can show kindness to others.

11. The teacher should help the children understand what is expected of them with others in classroom situations: how to wait; how to watch; how to play; how to share; how to help; how to accept a "no" or "yes" answer.

12. Demonstrate how our voice and facial expressions can reflect our feelings although our words may not.

13. Discuss the differences between tattling and concern.

14. Make charts: We are similar. We are different. Have children illustrate through a variety of media.

15. Make a pictorial display of similar needs of all living things (air, light, food, rest, water, etc.).

16. Discuss the ways we are alike. We have similar feelings and emotions.

17. Have a talent or hobby show at school. Encourage the children's musical and artistic abilities. Watch for special aptitudes and skills which can be developed and channeled into constructive use.

18. Draw a picture of your idea of "growing up".

19. Draw a picture or make a booklet of pictures of things I like to do.

20. Discuss ways in which we can make living together in the classroom safer, more comfortable, friendlier, etc.

21. Discuss how children can help a new student in the classroom.

22. Discuss why we should understand or tolerate another person's opinion. How should you react?

23. Develop classroom chores to be changed weekly. Discuss responsibility inherent in each chore.

24. Discuss what emotions are. List different feelings. Discuss how emotions are shared by all persons, but sometimes expressed differently.

25. Discuss: "What is a Friend?"

26. Play the game: "I like (fill in child's name), because (fill in reason)."

27. Have children draw pictures and make a book titled, "Happiness is....."

28. Make up situations where children must react. Discuss what they would feel and how they should express these feelings. (i.e. "Johnny has just scribbled all over your paper. What should you do?")

29. Make a collage of magazine pictures depicting different emotions (happiness, anger, etc.).

30. Discuss:
    "_____ makes me happy."
    "_____ makes me angry."
    "_____ makes me sad."
    (Elicit different responses from each child.)

31. Play games where each child has a chance to be a leader (i.e. Simon Sez, etc.).

32. Utilize children as "teachers" wherever possible. Have more capable children help classmates in learning experiences.

Books:

Aesop's Fables, a Keith Jennison book; Franklin Watts, Inc. Publishers, 575 Lexington Avenue, New York, New York 10022

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Judith Voirst; Atheneum Publishers

All About Me: Boy's Book, M.W. Hudson, Frank E. Richards Publishers, 1966. This book is designed to develop a youngster's positive self-image through the use of visual, auditory, factile and kinetic exercises. Available through SEIMC. FL-0038

All About Me: Girl's Book, M.W. Hudson, Frank E. Richard Publishers, 1966. A multisensory learning approach is used to help develop a health self-image in the youngster. Available through SEIMC. FL-0039

Happiness is a Warm Puppy, Chares M. Schulz

I Am Here, I Can Do It, My Friends and I, Muriel Stanek; Benefic Press, Chicago, Illinois, 1967. E
(Set of books - Mental Health) S

Love is a Special Way of Feeling, Joan Walsh Anglund

One Day Everything Went Wrong, Elizabeth Vreckin; Follett Publishing Company, New York, 1966

One Little Girl, Joan Fassler; Behavioral Publishers, Inc., 1969. This is the story of Laurie. Because she is retarded, Laurie is called a "slow child," but she finds out she is only slow in doing some things. The things she can do well she injoys and takes pride in doing. FL-0170

Removing Blocks to Mental Health in School, State Education Department, Albany, New York. (Suggested for faculty study of school situations that prevent optimum mental health.)

There's Nothing To Do So Let Me Be You, Jean Horton Berg; Westiminister Press, Philadelphia, Pennsylvania

Let's Be Friends, Bernice Bryant; Chilren's Press

Films:

Big People, Little People, BOCES #831-140, 9 minutes

Bike, The, BOCES #832-114, 13 minutes

Elmer Elephant, BOCES #831-283, 8 minutes

Faces, BOCES (video cassette), 5 minutes

Fairness for Beginners, BOCES #831-57, 11 minutes

Free to Be You and Me Series:
- Part I — Friendship and Cooperation, BOCES #832-426, 16 minutes
- Part II — Expectations, BOCES #832-427, 14 minutes
- Part III — Independence, BOCES #832-428, 17 minutes

Getting Along With Others, BOCES #831-10, 11 minutes

Hopscotch, BOCES #832-141, 12 minutes

I'm Feeling Series:
- I'm Feeling Alone, BOCES #831-395, 8 minutes
- I'm Feeling Sad, BOCES #831-396, 10 minutes
- I'm Feeling Scared, BOCES #831-397, 9 minutes
- I'm Mad at Me, BOCES #831-398, 8 minutes
- I'm Mad at You, BOCES #831-399, 9 minutes

Little Engine That Could, BOCES #831-82, 11 minutes

Little Gray Neck, BOCES #832-162, 18 minutes

My Friend the Fish, BOCES #832-163, 18 minutes

Three Little Pigs, The, BOCES #831-285, 9 minutes

Tortoise and the Hare, BOCES #831-286, 8 minutes

Trick or Treat, BOCES #831-287, 8 minutes

Ugly Duckling, The, BOCES #831-288, 8 minutes

Kits:

Dimensions of Personality Series, workbook and teacher guide:
- Let's Begin, Kindergarten, BOCES #123-5
- Now I'm Ready, Grade One, BOCES #123-6
- I Can Do It, Grade Two, BOCES #123-7
- What About Me, Grade Three, BOCES #123-8

Kits: (Con't.)

DUSO Kit I, grades K-2, BOCES #123-17

DUSO Kit II, grades 3-4, BOCES #123-18

Moods and Emotions Study Prints, The Child's World, Inc., Engin, Illinois, BOCES #123-19

Pamphlets:

Inside/Out, A Guide for Teachers, National Instructional Television Center, Suite 101, 1670 South Bayshore Blvd, San Mateo, California 94402. This guide or any parts thereof, may be reproduced with consent. All inquiries should be directed to NIT, Box A, Bloomington, Indiana 47401
Available from BOCES - in limited quantities. All video tapes available from BOCES on the 29 "Inside/Out" programs.

HEN:

Mental Health Materials, BOCES #HN-18

FAMILY LIFE AND SEXUALITY

OVERVIEW

As children become aware of their role in the family, it is important to emphasize the relationship between their own personal growth and development and an increasing sense of responsibility to self and others, both within and outside the family setting. As development continues with mental, emotional, social, and physical growth, the child's personal drives, desires, and personality become developed and satisfied.

Closely related to social and emotional adjustment is a child's sexual development. Sexuality is one of the most significant aspects of the human personality. The manner in which one's sexuality is directed and adjusted to one's changing sex role can relate directly to his happiness, success as a member of a family and of society. Ideally, the school and parents should cooperate in the teaching of the physiological and psychosexual facts of reproduction.

It is especially important for the child to be made aware of the changes occurring in his body during the early adolescent and adolescent years. Because a child is mentally handicapped, many people feel that he/she cannot understand these physical changes. Consequently, this aspect of instruction is too often ignored. The trainable child must be prepared for the bodily changes occurring during puberty, and learn that these are a normal part of life.

Important to the study of daily living is the need to realize that the ultimate end to all living things is death. A realistic attitude at this age is important in dealing with emotional conflicts encountered with a death of a family member, friend, or pet. Basic understandings related to loss of a significant other, either through death, divorce, or separation are topics that need to be discussed and dealt with before or while they are encountered.

Sexuality and death are undoubtedly the two most difficult areas for the teacher to deal with objectively in the classroom. Each is surrounded in Western Culture by clouds of strong emotion. These emotions are determined not only by direct experience, but by the ethics and mores of one's nation, religion, subculture and family. They are complex and only fragments ever rise into conscious thought, so they are feared, and it takes courage to attempt to confront one's feelings directly. If certain topics within this unit are uncomfortable for the teacher to discuss, the teacher should seek out other consultation or professional help that will enable the teacher to handle such topics at this time.

OBJECTIVES

1. Display interest in each member of the family and realize that each member should be interested in the well-being of every other member.
2. List the roles of each member of the family as an individual and as a contributing member of the family unit.
3. Observe rules for living that make for a happier and healthier family life.
4. Care for personal belongings in the home.
5. Identify individual and family recreational activities.
6. Explain the significance of holidays as they relate to the family.
7. Apply good grooming habits at home.
8. Apply good health and personal hygiene habits that contribute to personal growth.
9. Express feelings and emotions regarding loss of a significant other.
10. Conclude that there is a need to share love, empathy and sympathy with individuals who are experiencing an emotionally charged situation related to loss of a significant other.
11. Relate similarities and differences in appearance, interests and activities between boys and girls of the same age.
12. Recognize that all living things come from other living things.
13. Describe normal incidents of growth and development during puberty.
14. Explain the rudiments of reproduction.

MAJOR CONCEPTS

1. Each of us is a member of a family.
2. Each of us assumes various roles and responsibilities as a member of a family.
3. Adults help children to stay safe, happy, healthy, clothed, fed, and secure.
4. Families do many things together.
5. Sharing helps make the home a happy place.
6. Children make contributions to the family.
7. The family provides its members with different kinds of experiences for their total growth and development.
8. Some feelings of anger and resentment expressed by brothers and sisters are natural.
9. Parental decisions are usually made with the welfare of the total family in mind.
10. Membership in a family can give one pride.
11. Growth and development tends to follow a predictable pattern and sequence.
12. There are similarities and differences among living beings.
13. Environment affects living things.
14. Young animals have a need for home, food and parental care.
15. Consideration of others' rights and property is important to happy family life.
16. Children need to be prepared for the death of a family member or pet.
17. Reactions to death may include anger, protest, sadness, loneliness, and abandonment.
18. Many significant changes take place during puberty.
19. The menstrual cycle is a natural event in the life of a young girl which indicates she has reached one new level of maturity.
20. Masturbation, done privately, is normal and not harmful.
21. Our bodies are our private possessions and should not be touched or fondled by others. Physicians and nurses are exceptions as they care for our bodies.

CONTENT OUTLINE

I. The Family is a Unit
   A. What is a family?
      1. There are many similarities
      2. There are many differences
   B. What are its purposes?
      1. Train and educate
      2. Provide security
      3. Provide a source of love and understanding
      4. Provide recreation and other activity
   C. What are roles in the family?
      1. Father
      2. Mother
      3. Children
      4. Extended family members
         a. Grandparent(s)
         b. Aunt(s) and Uncle(s)
         c. Foster children
         d. Etc.
   D. How do we cope with the loss of a significant other?
      1. Death
      2. Divorce
      3. Separation

II. All Life Comes From Similar Life
   A. How is everyone unique?
      1. Males and females are different
      2. Personality develops at varying rates
         a. Self-image
         b. Self-confidence
         c. Self-motivation and discovery
         d. Respect and trust for others
         e. Acceptance of occasional failure
         f. Learn decision-making
         g. Control emotions
         h. Learn compassion
         i. Know how and when to share
   B. How does a newborn baby affect the family?
      1. Parents care for the children
      2. Each child has a place in the home
         a. Reasons for rivalry
         b. Reassurance of love
   C. How do living things grow?
      1. Physical growth and development changes
      2. Social interaction expands out of the family

III. Growth and Development
   A. Understanding our changing body
      1. Infancy
      2. Early childhood
      3. Preadolescence
      4. Adolescence
      5. Maturity

IV. Sex-Related Topics

A. Secondary sex characteristics developing during puberty (i.e. pubic and axillary hair, breast development, etc.).

B. Menstruation
   1. Normal for all females
   2. Care of self during the menstrual flow

C. Masturbation

D. Infatuation, puppy love and crushes

E. Homosexuality

F. Self-protection - avoiding advances from strangers or other adults.

LEARNING AND EVALUATIVE ACTIVITIES

1. Discuss things you can do now that you could not do when younger.

2. Compare differences in pets, flowers, people.

3. Tell how you help at home, discuss many different ways of helping (i.e. manners, smiling, taking turns, etc.).

4. Discuss relationships with brothers, sisters, mother, father in home (respecting property, privacy, etc.).

5. Provide children with picture sheets of family members. Have children cut, color, and paste them in their family albums.

6. Discuss and draw pictures of different types of homes in which people live (small, large, trailers, apartments).

7. Discuss the differences in families (size, types of members, etc.).

8. Ask students to talk to their father to determine what his job is, why he must have a job that will take him from his home, how his job effects him and the other members of his family. Repeat this activity with a mother to determine what her responsibilities are at home, what effect her work has on the other members of the family, what effect her working out of the home could have on the family. Have children present reports on the results of the discussions with parents.

9. Make a pictorial display of similar needs of all living things- (air, light, food, rest, water, etc.).

10. Grow two sets of plants - give one proper care and deprive the other of good soil, water, sunlight. Frequently compare and discuss results.

11. Read a poem or a story of animal habits. Discuss how they are used for winter sleep. Make paper dolls or posters of humans having different clothing for various seasons or for various climates.

12. Observe the birth of fish in aquarium. Note the difference in size. Use pictures of other mother and baby animals or visit a farm or zoo, observe the male and female animals. Note the differences in color, size, plumage, etc. Compare similarities and differences in human mothers and their babies.

13. Display pictures of mammals and their babies; observe ways in which all these animals are alike. (Through discussion help children to discover that these animals did not lay eggs.)

14. Share information about birth of pets at home.

15. Have children bring to school pictures of their own families. Observe the ways in which the children are like the father, mother, aunt, uncle, or grandparents.

16. Show children packets of various vegetable or flower seeds. Plant the seeds. Observe that the seeds produce the kinds of plants from which they came.

17. Discuss the parental care of babies in their own homes.

18. Discuss the importance of habits of neatness, sanitation, and courtesy to others, in the bathroom.

19. Discuss a story about family get-togethers, trips and celebrations.

20. Have children collect pictures showing the different kinds of homes used by animal and bird life.

21. Ask grandparents into class to tell about childhood experiences related to family.

22. Initiate creative activities in class to develop desirable variety in the family interests.

23. Show the film, "My Turtle Died Today" or read the book and discuss with the class.

24. Show and discuss the film, "The Day Grandpa Died."

25. Have the class draw pictures depicting the various members of the family at work.

26. Have children discuss adults other than parents who take care of children - babysitter, day nursery, etc.

27. Help the children to compile a list of things at home which belong exclusively to them and another list of things which belong to everyone in the family.

28. Encourage the pupils to act out scenes to show ways in which the family members share with one another.

29. Ask the children to tell how they help to take care of the family property.

30. Plan with the children picnics, birthday and holiday celebrations. Suggest that they carry out plans at home.

31. Discuss with the children plans involved in preparing for company.

32. Draw pictures of things families can do together. Display pictures of families and write stories about what the families are doing. Evaluate.

33. Show pictures of happy families. Have children list things that make a happy family.

34. Learn games that whole families can play together.

35. Discuss what happens in the family when duties are not carried out.

36. Make a surprise gift for the parents or the home.

37. Discuss with the children the home duties that young children may be able to assist with or assume. Evaluate.

38. Identify and discuss slang and baby language. Guide children to use of correct terms.

39. Use a full length mirror in the classroom to see differences in growth.

40. Discuss misconceptions regarding masturbation and menstruation.

41. Discuss the secondary sex characteristics that occur at different ages - infancy, early childhood, preadolescence, adolescence and maturity.

42. Discuss thoroughly optimal grooming habits of both boys and girls.

43. Discuss all misconceptions they have heard about sexual development, menstruation, nocturnal emissions, masturbation, etc.

44. Discuss the following topics (either individually or with small groups). These changes occurring during puberty:
    Male - deepening of voice; ejaculation; pubic and axillary hair; beard appears; surge in growth; increased shoulder breadth; members of the opposite sex become attractive; masturbatory experiences.
    Female - voice deepens slightly; pubic and axillary hair; onset of menarche; breast development; masturbatory experiences, although not as likely as in male.
    Stress the reasons for the changes and why they are necessary for maturation.

45. Discuss condition of acne and importance of skin care and good grooming.

46. Ask the students to give illustrations of how their parents showed love - affection from early childhood to the present. Ask the students how they returned this love and affection.

47. Discuss the difference between love and infatuation.

48. Elicit from the class a list of acceptable hobbies and games including activities that an individual can do by himself and with his family.

49. Provide an opportunity for the pupils to discuss highlights in family life: i.e. honor won by member of a family, birthdays celebrated by the family, etc.

50. Develop ideas as to how a family can adjust to change within the family pattern - to a new baby, illness, working mother, death of a family member or pet.

51. Have each child discuss a list of home duties in which he can participate.

52. List things parents do that might show love; list what students do for other family members at various times to show they love them (e.g., during illness, daily, on special days or at time of death in the family).

53. Teach the children games that can be played while traveling, on rainy days, and on special occasions.

54. Encourage the creative use of various materials as a family endeavor - old Christmas cards, drinking straws, colored paper, cloth.

55. Encourage the class to prepare a seasonal basket for a family in need.

56. Discuss the proper reaction to offers made by strangers.

RESOURCES

Books:

Before You Were A Baby; Thomas Y. Crowell Company, 201 Park Avenue South, New York, New York 10003, Ages 4-8, $3.50.

My Family and I; Muriel Stanek, Benefic Press, Chicago, Illinois, 1967 E S

The Funny Baby; Margaret Hillert, Follett Publishing Co. E H

Monarch Butterfly; Marion W. Marcher, E.M. Hale and Company, Eau Claire, Wisconsin, 1954, 595.7 M

Films:

Animals and Their Homes, BOCES #831-13, 11 minutes

Baby Animals, BOCES #841-16, black and white, 10 minutes

Birth of Puppies, BOCES #832-82, 16 minutes

Care of Pets, BOCES #832-38, 13 minutes

Chicks and Chickens, BOCES #831-247, 10 minutes

The Day Grandpa Died, BOCES #831-360, 11 minutes

Families, BOCES #831-240, 10 minutes

Farmyard Babies, BOCES #831-56, 11 minutes

Fertilization and Birth, BOCES #831-186, 10 minutes

Gray Squirrel, BOCES #831-63, 10 minutes

Human and Animal Beginnings, BOCES #832-75, 13 minutes

Inside/Out Series: BOCES (video cassettes), 15 minutes each
- Breakup
- Brothers and Sisters
- Home Sweet Home
- I Want To
- In My Memory
- Living With Love
- Love Susan
- Travelin' Shoes

My Mother is the Most Beautiful Woman in the World, BOCES #831-147, 9 minutes

Films (Cont.):

My Turtle Died Today, BOCES #831-148, 9 minutes

What Is A Family, BOCES #831-400, 8 minutes

You, BOCES #832-419, 17 minutes

Pamphlets:

Inside/Out, A Guide for Teachers, National Instructional Television Center, Suite 101, 1670 South Bayshore Blvd., San Mateo, Cal. 94402; this guide or any parts thereof may be reproduced with consent. All inquiries should be directed to NIT, Box A, Bloomington, Indiana 47401
Available from BOCES - in limited quantities. All video tapes available from BOCES on the 29 "Inside/Out" programs.

Filmstrips and Cassettes:

Growing Into Manhood, BOCES #333-90, 26 minutes

Growing Into Womanhood, BOCES #333-91, 26 minutes

Mental Retardation and Sexuality, 20 minute filmstrip with record. $20.00 purchase, $5 rental. Order from Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce St., Philadelphia, Pa. 19102

Teaching Good Conduct and Personal Hygiene to Retarded Teenagers, (5 filmstrips for girls and boys) Write to: Harris County Center for the Retarded, P.O. Box 13403, Houston, Texas 77019. Filmstrip and written guide. Excellent resource.

HEN:

Family Life Education, #HN-12

TEACHER REFERENCES

A Resource Guide in Sex Education for the Mentally Retarded, Lowell Klappholz, Editor.
Editor is editor of Physical Education Newsletter, Croft Educational Services, New London, CT. Offers guidelines for helping mentally retarded children and youth in both residential facility or at home in the community; for programs currently underway or those yet to be started. Urges content be integrated with relevant aspects of existing curriculum; recognizes the variety of potential users of the resource, i.e. teachers, parents, counselors, professionals, paraprofessionals. Includes a number of valuable additional resources. Curriculum content organized into four categories: awareness of self, physical changes and understanding of self, peer relationships, and responsibility to society. Sample activities for each category. Write: Director, Project on Recreation and Fitness for the Mentally Retarded, AAHPER, 1201 16th St., N.W., Washington, D.C. 20036 or SIECUS, 1855 Broadway, New York, N. Y. 10023.

Curriculum Guides for Family Life and Sex Education: An Annotated Bibliography, 1973
Order by code: FP #10 @ $1.00 per copy from E. C. Brown Foundation, 1802 Moss Street, Eugene, Oregon 94703.

Education for Sexuality, John J. Burt and Linda A. Brower, Philadelphia: W.B. Saunders Co., 1970

Facts About Sex, Sol Gordon, New York: John Day Co., 1973 612.6 G

Guidelines on Planning a Training Course on Human Sexuality and the Retarded, Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce St., Philadelphia, Pa. 19102.

How to Tell the Retarded Girl About Menstruation, Marion Jones
Emphasis is on similarity of physical development of mentally retarded girl and other girls. Simple explanation of menstruation which mother or teacher can use for retarded girl. Simplified illustrations. The Life Cycle Center, Kimberly-Clark Corporation, Neenah, Wisconsin 54956

Intellectual Level and Sex Role Development in Mentally Retarded Children; H.B. Biller and L.J.Borstelmann, American Journal of Mental Deficiency, 70:443, 1965

Love, Sex and Birth Control for the Mentally Retarded - A Guide for Parents, Planned Parenthood Association of Southeastern Pennsylvania, 1402 Spruce St., Philadelphia, Pa. 19102. 75¢ each.

Loving and Loving II; Winifred Kempton, Rocky Mountain Planned Parenthood Association, Denver, Colo.

Mental Retardation: A Family Study; E.W.Reed and S.W. Reed, Philadelphia: W.B. Saunders, 1965

Mental Retardation and Masturbation; Warren R. Johnson 1967
Originally printed in April, 1967 issue of SEXOLOGY magazine. Author is head of Department of Health Education, University of Maryland. Dispells myths related to masturbation and sexual self-stimulation in retarded and normal children. Outlines several suggestions for those responsible for the behavior of the mentally retarded in helping them achieve emotional and mental maturity. For availability write to SIECUS, 1855 Broadway, New York, N.Y. 10023.

New Directions for the Retarded; Joseph T. Weingold, Journal of Clinical Child Psychology, Vol. II, No. I, Winter 1973

Publications List on
MR. Sexuality and Sex
Education

SIECUS Publications Office
1855 Broadway
New York, N. Y. 10023

Secondary Sex Development in Mentally Deficient Individuals; H.D. Mosier, H.J. Grossman and H.F. Dingman; Child Development, 33:273, 1962

Sex and the Mentally Retarded; A.N. Jennings, Dr., Rehabilitation in Australia, October 1970

Sex Education for the Mentally Retarded: An Analysis of Problems, Programs and Research; Edward Vockell and Pamm Mattick, Education and Training of the Mentally Retarded, October 1972.

Sex Education for the Mentally Retarded; Virginia Young Blacklidge, M.D., 1969
Discussion for parents who have an educable or trainable retarded child. Simplified information on physical development and sexuality. Emphasizes helping child enjoy living in as unsheltered life as possible commensurate with his intelligence. Discusses birth control, abortion, venereal disease, and homosexuality in relation to mental retardation. Divides material into that suitable for child with mental age of 1-3 years; 3-7 years; 3-10 years. Write: Alameda County Mental Retardation Service, 131 Estudillo Ave., San Leandro, CA 94577.

Sex Education and the Mentally Retarded; H.M. Selznick. Johnston Bull 5:23, 1962

Sex Education for the Retarded Adolescent: S.L. Hammar, L.S. Wright, and D.L. Jenson. A survey of parental attitudes and methods of management in fifty adolescent retardates. Clinical Pediatrics 6:621, 1967.

Sex Education Information Inventory for Retarded Adolescent Girls: Karen Vockell, Linda Rosulek, Pamm Mattick, and Edward Vockell. Request from Dr. Edward Vockell, Department of Education, Purdue University, Calumet Campus, Hammond, Indiana 46323. An excellent guide and tool to be used in evaluating and designing a sex education unit for retarded adolescent girls. Includes diagrams, pictures, and inventory complete with written dialogue.

Sexuality and the Mentally Retarded; Karl E. Thaller and Barbara D. Thaller, Office of Economic Opportunity, Washington, D.C. 1973 (extensive report on conference - excellent) $3.00

Sexual Problems of the Mentally Retarded; Frank J. Menolascino, Sexual Behavior, November 1972.

Summary Report of Workshop: Family Life and Sex Education for Teachers of the Mentally Retarded; Edward L. Meyen 1969. Summarizes workshop in which 42 teachers of mentally retarded considered guidelines for teaching sex education to mentally retarded. Emphasis on individual evaluation of materials, techniques for instruction, not attempt to provide teacher with "cookbook" approach to subject. Helpful guidelines for setting up similar workshops. For availability write to Kansas City Social Health Society, Inc., 406 West 34th St., Suite 412, Kansas City, MO 64111

Transition to Adulthood-(for the trainable level mentally handicapped adolescent) Alpha Delta Kappa, 1615 West 92nd Street, Kansas City, MO 64114 $3.00

CONSUMER, ENVIRONMENTAL AND PUBLIC HEALTH

OVERVIEW

Handicapped children watch television as much if not more than their non-handicapped peers and are the victims of advertising claims every bit as often. For example, they are an easy target for the breakfast cereal manufacturer who wants to convince children that "Bang Pop Crunchies" will make them do well in school and have many friends.

It is tremendously difficult to make handicapped children recognize false and misleading advertising, and distinguish between useful and effective consumer products and those that may be useless or even harmful. This problem is tied in with the necessity of knowing that if a physical problem exists, one should go to a doctor rather than attempt to cure oneself with non-prescription medicines.

The TMR child should also know what kinds of toys to play with, what kinds of foods to eat, etc. Advertising entices these children as it does with all children. The TMR child needs to learn and respect his family and responsible adults' opinions on advertised products he may want.

Intermediate TMR children are, in general, unfamiliar with many natural environmental conditions that man must, to some extent, control in order to remain healthy. They should know that water must be purified before drinking, for example, and that it is unsafe for them to drink the water in streams and lakes.

However, pupils should be taught that not all of the things man does to the environment are good. Some factories make the air and water dirty. Beer and soft drink cans along the edges of highways are examples of how people make the environment dirty and messy.

Although there are people and agencies within the community to help make it a safe place to live, each person has the responsibility of doing his best to keep water, air, parks, lawns, cities and country roads neat and clean for everyone to enjoy.

The children need to discuss the things they can do to help - and there are quite a few! If they understand that trees have to be cut down in order to make the paper they use in school, and that makes the landscape bare and ugly, they may be more willing to write on both sides of the page, and, when coloring, to color all the way to the edges. If there is a recycling center in the community, a visit can be educational and fun.

These pupils need to be made aware of the importance of a variety of people who work for the health of the public. TMR students should know their own roles in public health.

OBJECTIVES

1. Verbalize that some advertised products can be harmful to health.
2. State the much health information comes from the family and friends.
3. Identify objects comprising our environment.
4. Discuss the role that the senses play in telling one about one's environment.
5. Identify ways that one must protect oneself from some parts of his environment in order to stay healthy and safe.
6. Identify members of the school and community who work together to maintain safe and healthy surroundings.
7. Express in words or actions a belief that a person's neighborhood is an important place to that person.
8. Discuss the components of a healthy and safe school, home, and community environment.
9. Name familiar people who are responsible for promoting, protecting and maintaining health.
10. Discuss the dangers inherent in taking another person's medication.

MAJOR CONCEPTS

1. Advertising often affects what we buy, thereby affecting our health.
2. Children should be made aware that advertised products are not always beneficial to them.
3. Our health is affected by our surroundings.
4. We need water and air to live.
5. Your sense organs alert you to all that is going on about you.
6. A neighborhood is a place to live, play, work, go to school and enjoy.
7. Everything in your neighborhood is part of your environment.
8. Many people work in different places in the community to keep us well.
9. Many people work to protect our food.
10. Some people who help us are medical or health workers.
11. Noise has an effect on how we feel and act.
12. Our immediate surroundings, including the people in the surroundings, have an effect on us.
13. Professionally trained health specialists safeguard our health.
14. There are many different kinds of medical and health related specialists.

CONTENT OUTLINE

I. Safety Precautions for the Young Consumer
   A. Influence of some television advertising.
   B. Need to listen to family and responsible adults.

II. Factors in Our Environment
   A. What is our environment?
   B. How does our environment affect us?
   C. How can we work for a healthy environment?

III. Working Together: Responsibilities
   A. School
   B. Home
   C. Community
   D. Neighborhood

IV. Who Helps us Stay Healthy?
   A. Our family doctor
   B. Our parents
   C. Our school nurse
   D. Dentists and dental hygienists
   E. Druggists and pharmacists

V. Administering Medication
   A. Never use another person's medication.
   B. Never take medicine unless administered by a doctor, nurse, or responsible adults.

LEARNING AND EVALUATIVE ACTIVITIES

1. Bring in a display of foods (or pictures of foods in magazines). Discuss all the foods in the display that keep us healthy. Why should we eat these foods? Discuss the foods which you think are best. Why did these products attract you?

2. Make a scrapbook of foods which are eye-appealing in magazine advertisements. Discuss which foods are really good for us to eat.

3. Have class visit a dairy to inspect facilities for fresh, clean milk.

4. Visit a cafeteria in school. Have workers explain how they keep the kitchen clean, and the importance of cleanliness when working with foods.

5. Have students draw pictures showing ways they can best care for personal belongings.

6. Discuss individual responsibility for keeping lunchroom and playground neat.

7. Discuss ways in which courtesy may help to improve undesirable conditions.

8. Observe the effect of prolonged exposure on foods that require special storage. Think of ways to store various foods.

9. List ways that children can help to promote good health in the community and in the classroom.

10. Discuss the proper use and maintenance of drinking fountains and lavatories.

11. Discuss the detrimental effects of littering and improper disposal of personal trash, etc.

12. Read books pertaining to child's stay in hospital or film concerning a child's hospital experience.

13. Discuss the importance of a clean and bright home, schoolroom, etc.

14. Illustrate how air carries particles too small to see by opening a bottle of aromatic material (perfume) and asking students to indicate when they first are aware of the bouquet.

15. Ask students how they know what is cooking in the kitchen when they are in a room other than the kitchen.

16. Explain to children the danger that exists in a smoke-filled room; how to conduct oneself when a fire occurs. (How to report a fire.)

17. Have students help to make posters that show good lunchroom practices. Discuss the posters.

18. Take the children to visit the cafeteria showing the preparations of food and how the dishes are washed.

19. Place a tape recorder in the gymnasium, lunchroom, library, classroom, etc. Record a few minutes of noise level from each room. Ask students to explain reasons for different noise levels in different rooms.

20. Play an unfamiliar song with volume turned up while students attempt to concentrate on learning something unrelated to the song. Point out the various types of behavior that you observed during this experience.

21. Discuss when noise is fun vs. when noise is irritating.

22. Allow students to tell about their visits to the local pharmacy and the many different kinds of medicine they saw there. Discuss.

23. If any children have had experiences in hospitals, a discussion of how they were helped and by whom can be used.

24. Have children relate their experiences with the dentist.

25. Stress the dentist's role in promoting good dental care as well as treatment.

26. If there is a dental hygienist in the school, arrange a visit. Have the hygienist tell about the dentist's work and explain the role of an assistant.

27. Ask the students to tell what they think happens to food before it comes to them in cans, frozen packages, etc.

28. Ask: Who are some of the school employees that help to keep us healthy besides the principal and teachers? How does the cafeteria worker help? Does the janitor help? If so, how? The school nurse? Dental hygienist? School doctor? The teacher?

29. Each child reports on a chore he performs daily to help keep his home clean.

30. Discuss and demonstrate proper methods for disposing of wastes; make waste baskets for home use.

31. Have children find pictures of community helpers to contribute to a bulletin board.

32. Set up a display, "Being Helpful," using dolls who are carrying trash out, raking leaves, dusting, washing sink, feeding pets, baking.

33. Discuss the various jobs that people in school have that are necessary to keep the school healthy.

34. Play a game: "I'm Thinking" of a person who mixes the medicines the doctor tells you to take, etc.

35. Discuss ways in which the doctor is your friend.

36. Discuss all the people and ways in which we learn health information.

37. Discuss use of medicine (such as taking what the doctor prescribes, taking only from a responsible adult). Stress why we should never take another person's medication. Also we should never take medicine unless administered by parent, doctor, or responsible adult.

RESOURCES

Books:

About Jerry and Jimmy and the Pharmacist, Frances B. Thompson; Melmont Publishers, Inc., Chicago, Illinois, 1964

About Miss Sue, the Nurse, Frances B. Thompson; Melmont Publishers, Inc. Chicago, Illinois, 1961

About People Who Run Your City, Newman-Sherman; Melmont Publishers, Inc. Chicago, Illinois, 1963, 352
N

The Carrot Seed, Ruth Krauss, Record: The Carrot Seed

Doctor John, Frances B. Thompson; Melmont Publishers,Inc., Chicago, Illinois, 1959

Doctors and Nurses, Carla Greene; (In I Can Read Book), Harper and Row, New York, 1963

How Doctors Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois 1964

How Families Live Together, Malcolm Provus; Benefic Press, Chicago, Illinois, 1963, 301.42
P

How Hospitals Help Us, Alice M. Meeker; Benefic Press, Chicago, Illinois, 1962, 362.1
M

How People Live in the Big City, Muriel Stanek and Barbara Johnson; Benefic Press, Chicago, Illinois, 1964, 301.3
S

Jill's Checkup, Ruth Jubelier; Melmont Publishers, Inc. Chicago, Illinois

Films:

Buttercup, BOCES #831-300, 11 minutes

Communities Keep Clean, BOCES #831-204, 11 minutes

Forest Fisherman, Story of an Otter, BOCES #832-238, 16 minutes

Our Community, BOCES #841-33, 12 minutes

People Shop: Hospital in the Community, BOCES #832-269, 18 minutes

Films (Cont.)

Uncle Smiley and the Junkyard Playground, BOCES #832-176, 13 minutes

Uncle Smiley Follows the Seasons, BOCES #832-177, 13 minutes

Uncle Smiley Goes to the Beach, BOCES #832-172, 13 minutes

Uncle Smiley Goes Camping, BOCES #832-173, 16 minutes

Uncle Smiley Goes Planting, BOCES #832-174, 15 minutes

Uncle Smiley Goes Re-Cycling, BOCES #832-175, 13 minutes

Uncle Smiley Goes Up the River, BOCES #832-178, 12 minutes

Wonders in a Country Stream, BOCES #831-117, 11 minutes

Wonders in Your Own Backyard, BOCES #831-118, 11 minutes

Woods and Things, The, BOCES #831-277, 11 minutes

Filmstrip and Record:

Algernon, the Ambulance, International Education and Training, Inc., 1176 New Highway, Farmingdale, N. Y. 11735

HENS:

Consumer Education Materials, BOCES #HN-6

Environmental Health, BOCES #HN-11

SAFETY AND FIRST AID

OVERVIEW

Safety education should originate within the home and be continued in the school. Experiences come through daily living and through class instruction in safety. Safety education must be given its rightful place in all classes, not in just one. The resources of many non-school agencies can be used to enrich the overall program. The Fire Department, the Traffic Division of the Police Department, insurance companies and industrial safety engineers can all contribute to the basic school safety program. We must make life as safe as possible, and provide a planned program of safety education. An annual safety week program is not enough as habits, skills and desirable attitudes develop slowly.

All programs for trainable children are most valuable when they provide for direct involvement. Children who have seen animals up close and perhaps touched them; children who have visited a bakery, a post office and an automobile assembly plant; children who have made pottery or baked cakes or climbed the Statue of Liberty have a much better idea of what is involved in each than the child who has simply read or heard about them. Yet each has an element of danger which must be taken into consideration by the children if accidents are to be avoided.

What should the children be prepared to do if accidents occur? For a child who does not know what to do, to attempt to help someone who is hurt may result in further injury to the victim. Children should concentrate on learning how and when to help themselves when they are young. They should learn to recognize when to get help for someone else or when they are seriously enough hurt to request help for themselves. They should know their own phone number, and where to find that of the fire department and the police station. The main emphasis with these children, however, should be preventive.

OBJECTIVES

1. Identify unsafe situations and learn to avoid them.
2. Identify common safety hazards in one's home, school and community.
3. Determine that some accidents are inevitable, but develop an interest in understanding how safe behavior can reduce the possibility of personal involvement, injury or death.
4. Define the specific roles of the people directly related to the promotion of safety in the school and community.
5. Identify areas of risk to individual and group safety that might occur during a particular season of the year.

6. Describe the major responsibilities of being a pedestrian, a bicyclist, and a bus or automobile passenger.

7. Demonstrate courtesy with peers.

8. Define a selected number of school safety rules.

9. Develop an awareness of factors leading to a safe school environment.

10. Relate precautions taken to the reduction of hazards and accidents.

11. Practice simple first aid procedures.

MAJOR CONCEPTS

1. Safe conduct to and from school becomes an individual's responsibility.
2. We should be aware of many different things when we are walking.
3. The community helps in keeping areas safe for pedestrians.
4. There are community helpers and other school people concerned with our well-being.
5. Education and planned action can save lives in hazardous situations relating to fire.
6. We can practice safety and courtesy away from school to help prevent accidents in play activities.
7. Play activities are fun, but must be controlled.
8. Courtesy and conduct are important for good school safety.
9. There are potential dangers in home and school.
10. There are harmful substances in certain plants, animals and products of which we should become aware.
11. Certain physical factors coupled with carelessness can be responsible for falls, and are a common danger in the home.
12. The individual must assume responsibility for his/her own safety.
13. Fire prevention is part of civic and individual responsibility.

CONTENT CUTLINE

I. Traffic and Pedestrian Safety
   A. The safe pedestrian
   B. The wise automobile passenger

II. School Bus Safety
   A. Safety while waiting for the bus
   B. Safe actions while boarding and riding
   C. Safe behavior when and after leaving the school bus
   D. Emergency bus drills

III. Bicycle Safety
   A. What is required equipment for a safe bicycle
   B. Basic skills for safe operation of a bicycle
   C. School/community programs in bicycle safety

IV. Fire Safety
   A. Fire hazards
   B. The causes of fires
   C. Fire drills at home and at school
   D. How to report a fire
   E. False alarms - a hazard in themselves
   F. Fire protection

V. Home Safety
   A. Falls and their prevention
   B. Burns and scalds and how to avoid them
   C. Gas poisoning
   D. Other miscellaneous home hazards
      1. common household products
      2. frayed cords; water and plugging in electrical cords; putting knives in toasters, etc.

VI. School Safety
   A. School routine
   B. Handling tools, scissors and other sharp objects
   C. Tricks, tripping and roughness
   D. Safe behavior in the lunch room
   E. Safety in the classroom environment
   F. Safety on the playground
      1. General rules to follow
      2. Swings
      3. Monkey bars
      4. Slides
      5. Running can be safe and fun at the right time and place.
   G. Safety on stairs and in corridors
   H. Safety in the auditorium and rules of conduct
   I. Safety in the gym
   J. Lavatory behavior

VII. Winter Safety
- A. Sledding
- B. Skating
- C. Snowballing
- D. Snowmobiling
- E. Ice Fishing

VIII. Spring and Summer Recreational Safety
- A. Baseball and Softball
- B. Swimming
- C. Boating
- D. Camping and Hiking

IX. Safety on the Holidays
- A. Halloween
  1. Costumes
  2. Trick or treat
- B. Christmas
  1. Making your tree a safe one
  2. Decorations - pretty but safe
- C. Independence Day

X. Basic First Aid
- A. Basic principles
  1. Minor
     a. Tell parent
     b. Clean cut
     c. Use antiseptic and bandaid
  2. Major
     a. Tell parent
     b. If no parent, call the operator for help
- B. Poison
  1. Recognize "poison" precaution on bottle labels
  2. Call for help if taken internally by self or other.
- C. Know how to contact help when adults are not immediately available
  1. Call Operator
     a. for police
     b. for firemen
     c. for ambulance
  2. If no phone, go to neighbor

LEARNING AND EVALUATIVE ACTIVITIES

1. Make bulletin board displays on safety in and around the school.
2. Have the class develop some rules of "safe play" (marbles and other objects kept out of the mouth, nose, ears; not to run with pointed objects; not to throw hard objects).
3. Discuss taking turns.
4. Dramatize what to do if a ball rolls into a street.
5. Draw and discuss pictures of places or things to avoid during play (railroad tracks, bridges, refrigerators, plastic bags, caves).
6. Demonstrate care of minor injury. Discuss importance of adult guidance and reporting all injuries no matter how small.
7. Discuss water and boat safety.
8. Demonstrate how to act in case of a home fire (getting out of building, alternate routes, getting brothers and sisters out, getting adult help, calling fire department).
9. Discuss why an adult should always be present when they are near an open fire.
10. Visit a fire house.
11. Discuss behavior during a school fire drill.
12. Demonstrate safe use of candles at celebrations.
13. Discuss objects which are flammable. Make collection of pictures of such.
14. Discuss what could be results of skates, pencils, marbles left on stairs or floors.
15. Discuss danger of turning on lights or touching electrical appliances when hands or feet are wet.
16. Discuss what to do if an accident happens at school when there is no adult present.
17. Dramatize how the lack of courtesy may cause confusion and danger on stairs, at drinking fountain, etc., and cause others to have accidents. Evaluate.
18. Use puppet demonstrations and flannel board characters to develop the idea of respect for others' safety.
19. Discuss meaning of courtesy in relation to concern for the other person and safety for others. (No tripping, shoving, etc.)

20. Discuss proper "code of conduct" made by the class after a discussion of individual responsibility in accident prevention (following rules, informing teacher when equipment is worn or broken, etc.). Evaluate.

21. Discuss why pupils should not talk to strangers or accept anything from them.

22. Discuss safety rules for use when riding the school bus; or dramatize by arranging chairs to represent school bus. Show correct way of boarding, riding, leaving, and crossing in front of bus. Include emergency evacuation.

23. Make traffic signal box (milk carton covered with paper with appropriate colors). Mount on stick and play traffic games.

24. Discuss car passenger safety (seat belts; do not disturb the driver).

25. Visit nurse's office to find out how children who are injured helped.

26. Dramatize "lost child game;" one child is lost and another is policeman. (Each child review home address, telephone number, and name. Learn how to use phone.)

27. Emphasize falling and running hazards.

28. Learn proper and safe use of equipment, materials, such as scissors, tricycle, blocks, wagon, lunch trays.

29. Demonstrate entering and leaving building (avoid pushing, shoving, tripping, single file, doors properly opened, shoes tied, hats off eyes, etc.).

30. Demonstrate conduct and courtesy in use of drinking fountain, lavatory.

31. Draw or paint safety posters and illustrations.

32. Make a safety scrapbook with children's drawings and/or pictures cut out of magazines and newspapers.

33. Have a member of local police department explain rules and regulations concerning equipment and operation of bicycle.

34. Organize a "clean-up playground" period to remove hazardous objects.

35. Discuss and list safety rules for equipment used on your school playground and in sports activities.

36. Discuss swimming safety including the following:
    The need for knowing how to swim well.
    Having supervision whenever young people are swimming.
    Safety procedures for diving, using inflated devices, swimming in ocean or surf.
    Demonstrate various non-swimmer rescue techniques.
    Describe buddy system.
    Staying in water too long and swimming after eating.
    Getting a suntan and going barefoot.

37. Participate in fire drills. Discuss ways to improve fire drills. Notice location of fire safety equipment in building.

38. By using toy telephone or reasonable facsimile of real phone, teach child to contact the operator in emergency situations.

39. Invite a nurse or physician to speak to class about importance of first aid and basic procedures.

RESOURCES

Books:

Bus Safety, Fred Monner, Half Hollow Hills Public Schools, and Pat Tricamo, Huntington Public Schools. Available from BOCES.

Films:

Fire: Sound the Alarm, BOCES #831-364, 11 minutes

Liquids Can Burn, BOCES #832-319, 13 minutes

Meeting Strangers: Red Light, Green Light, BOCES #832-98, 20 minutes

One Got Fat, BOCES #832-200, 15 minutes

Our Community, BOCES #841-33, 12 minutes

Primary Safety: On the Way to School, BOCES #831-378, 11 minutes

Safest Way, The, BOCES #842-53, 20 minutes

Safety Adventures Out-of-Doors, BOCES #831-174, 11 minutes

Safety as We Play, BOCES, (video cassette), 7 minutes

HEN:

Fire Safety Materials, BOCES #HN-13